

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

18

OFFICE USE ONLY

Date Received

07-15-19 P03:59 11

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Coach

Salinas

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Coach

Salinas

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

01 / 16 / 2019

THROUGH

Month Day Year

07 / 15 / 2019

11 ELECTION

ELECTION DATE

Month Day Year

11 / 07 / 2017

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Edinburg City Council (Place 1)

13 OFFICE SOUGHT (if known)

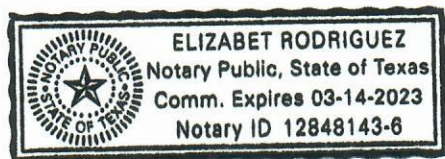
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Jorge "Coach" Salinas</u>		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ <u>0</u>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ <u>35,000. —</u>
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ <u>4,680. —</u>
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$ <u>14,232.06</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ <u>22,211.79</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <u>0</u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jorge L. Salinas, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elizabeth Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jorge "Coach" Salinas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,000. -
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 468. -
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,232.06
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

Jorge "Coach" Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

1/17/19

5 Full name of contributor

Albert Cardenas

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2,500. -

6 Contributor address;

City; State; Zip Code

McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Self

Date

1/17/19

Full name of contributor

Kenneth Ponce

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,500. -

Contributor address;

City; State; Zip Code

PO Box 2533 Edbs. TX 78540

Principal occupation / Job title (See Instructions)

EMS

Employer (See Instructions)

Self

Date

1/17/19

Full name of contributor

Victor Daniec

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500. -

Contributor address;

City; State; Zip Code

PO Box 2604 Edbs. TX 78540

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

1/17/19

Full name of contributor

MBTE Enterprise LLC DBA Keith & Keith Insurance Group

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250. -

Contributor address;

City; State; Zip Code

3827 N. 10th St. Ste. 303 McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Insurance Rep.

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jorge "Coach" Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Purdue Brandon Fielder Collins + Mott LLP

6 Contributor address;

City; State; Zip Code

PO Box 29116 Mcallen, TX 78502

7 Amount of contribution (\$)

1,500. -

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Self

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Omar Ochoa

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

1,250. -

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

City of Edinburg

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Alfonso Quintanilla

Contributor address;

City; State; Zip Code

100 E. Emory Ave. Mcallen, TX 78504

Amount of contribution (\$)

5,000. -

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Hidalgo Affordable Housing LTD

Contributor address;

City; State; Zip Code

5711 N. 10th Mcallen, TX 78504

Amount of contribution (\$)

1,500. -

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jorge "Coach" Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Linebarger, Guggen, Blair & Sampson, LLP

6 Contributor address;

City; State; Zip Code

PO Box 17428 Austin, TX 78760

7 Amount of contribution (\$)

2,500. -

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Self

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Cristen R. Weyand

Contributor address;

City; State; Zip Code

5805 N. 3rd St. McAllen, TX 78504

Amount of contribution (\$)

1,000. -

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Red Rock Real Estate

Contributor address;

City; State; Zip Code

2912 S. Jackson Rd. McAllen, TX 78503

Amount of contribution (\$)

1,500. -

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Alberto Trevino

Contributor address;

City; State; Zip Code

819 N. Veterans Blvd. Pharr, TX 78577

Amount of contribution (\$)

1,000. -

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jorge "Coach" Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Saul Ortega

6 Contributor address;

City; State; Zip Code

3710 Riskadale Trail Edg. TX 78539

7 Amount of contribution (\$)

500. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shavi Mahtani

Contributor address;

City; State; Zip Code

8133 N. 1st St. McAllen, TX 78504

Amount of contribution (\$)

2,000. -

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jose Quiroga

Contributor address;

City; State; Zip Code

923 E. Canton Rd. Edg. TX 78539

Amount of contribution (\$)

500. -

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeffrey Everitt

Contributor address;

City; State; Zip Code

901 S. Texas Blvd. Weslaco, TX 78596

Amount of contribution (\$)

1,000. -

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jorge "Coach" Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jaine Solis

6 Contributor address;

City; State; Zip Code

13504 Stags Leap Edges TX 78541

7 Amount of contribution (\$)

1,000. —

8 Principal occupation / Job title (See Instructions)

Pharmacist

9 Employer (See Instructions)

Self

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

The Positive Program

Contributor address;

City; State; Zip Code

6508 N. 26th St. McAllen, TX 78504

Amount of contribution (\$)

1,500. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kyle Ruppert

Contributor address;

City; State; Zip Code

3821 W. Hobbs Edges TX 78539

Amount of contribution (\$)

2,500. —

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Self

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Israel Posadas

Contributor address;

City; State; Zip Code

2327 W. Rhin Dr. Edges TX 78539

Amount of contribution (\$)

2,000. —

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jorge "Coach" Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

CSE Construction LLC

6 Contributor address;

City; State; Zip Code

4119 Crosspoint Blvd Ste 10 Edinburg, TX 78539

7 Amount of contribution (\$)

2,500. —

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Self

Date

2/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SADRA LLC

Contributor address;

City; State; Zip Code

1325 Ozark Ave McAllen, TX 78504

Amount of contribution (\$)

1,000. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

2/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jose Ramirez

Contributor address;

City; State; Zip Code

214 W. Cano St. Edinburg, TX 78539

Amount of contribution (\$)

500. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME **Jorge "Coach" Salinas**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **468.⁰⁰**

5 Date
1/16/19

6 Full name of contributor ☐ out-of-state PAC (ID#:
Mike Robledo

7 Contributor address; City; State; Zip Code

6508 N. 26th St. McAllen, TX 78504

8 Amount of Contribution \$

468. -

9 In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Marketing

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:
Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">8</div>	2 FILER NAME <div style="font-size: 1.2em;">Jorge "Coach" Salinas</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">1/18/19</div>	5 Payee name <div style="font-size: 1.2em;">Jose Lara</div>	
6 Amount (\$) <div style="font-size: 1.2em;">150.-</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Edinburg, TX 78539</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fundraiser Donation</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> </div>	
Date <div style="font-size: 1.2em;">1/22/19</div>	Payee name <div style="font-size: 1.2em;">EHS Girls Soccer Program</div>	
Amount (\$) <div style="font-size: 1.2em;">239.-</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Edinburg, TX 78541</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fundraiser</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> </div>	
Date <div style="font-size: 1.2em;">1/25/19</div>	Payee name <div style="font-size: 1.2em;">Miguel Garza</div>	
Amount (\$) <div style="font-size: 1.2em;">4,000.-</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Edinburg, TX 78539</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Contract Labor</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jorge "Coach" Salinas	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/19	5 Payee name Juan Salazar	
6 Amount (\$) 42.-	7 Payee address; City; State; Zip Code McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser (Medical Expenses)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/3/19	Payee name Monise Chavez	
Amount (\$) 28.-	Payee address; City; State; Zip Code Edinburg, TX 78541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser Cavazos Elementary	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/6/19	Payee name Aliana Gomez	
Amount (\$) 50.-	Payee address; City; State; Zip Code Edinburg, TX 78542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser (Medical Expenses)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jorge "Coach" Salinas</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/21/19</i>	5 Payee name <i>Mama Mia Pizzeria</i>
-----------------------	---------------------------------------

6 Amount (\$) <i>286.57</i>	7 Payee address; City; State; Zip Code <i>McAllen, TX 78504</i>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense (Food/Beverage)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>3/10/19</i>	Payee name <i>Vince Ortiz</i>
---------------------	-------------------------------

Amount (\$) <i>150.-</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78539</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraiser (Medical Expenses)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/15/19</i>	Payee name <i>Irene Garza</i>
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Amount (\$) <i>100.-</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraiser (La Palmita)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jorge "Coach" Salinas</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/19/19</i>		5 Payee name <i>RGV Diabetes Assoc.</i>			
6 Amount (\$) <i>150.-</i>		7 Payee address; City; State; Zip Code <i>RGV</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event Expense (Cookoff)</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3/22/19</i>		Payee name <i>Frank Sumaya</i>			
Amount (\$) <i>35.-</i>		Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fundraiser (ENHS Boys Basketball)</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3/22/19</i>		Payee name <i>Aguilar's Meat Market</i>			
Amount (\$) <i>143.20</i>		Payee address; City; State; Zip Code <i>Edinburg, TX 78542</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food Expense / Event (RGV Cookoff)</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jorge "Coach" Salinas</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/24/19</i>	5 Payee name <i>NLT Elementary (PTO)</i>
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6 Amount (\$) <i>35.-</i>	7 Payee address; City; State; Zip Code <i>Edinburg, TX 78539</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraiser</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/1/19</i>	Payee name <i>Pizza Hut</i>
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Amount (\$) <i>210.-</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense / Event</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/7</i>	Payee name <i>Tom Reyna</i>
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Amount (\$) <i>100.-</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraiser (Senior Hip Hop Elite)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jorge "Coach" Salinas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/19</i>	5 Payee name <i>Miguel Garza</i>	
6 Amount (\$) <i>1,600.-</i>	7 Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/7/19</i>	Payee name <i>Letty Bernal</i>
Amount (\$) <i>100.-</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78539</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraiser (Medical Expenses Baby Hunter)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/11/19</i>	Payee name <i>Aguilar's Meat Market</i>
Amount (\$) <i>89.98</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78542</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense / Event</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jorge "Coach" Salinas</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/11/19</i>	5 Payee name <i>Aguilar's Meat Market</i>
6 Amount (\$) <i>148.91</i>	7 Payee address; City; State; Zip Code <i>Edinburg, TX 78542</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense / Event</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/26/19</i>	Payee name <i>Pedro Rosales</i>
Amount (\$) <i>50.-</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78539</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraiser (Team RGV Basketball)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/30/19</i>	Payee name <i>Aguilar's Meat Market</i>
Amount (\$) <i>568.40</i>	Payee address; City; State; Zip Code <i>Edinburg, TX 78542</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense / Fundraiser Chicken Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jorge "Coach" Salinas	3 Filer ID (Ethics Commission Filers)
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4 Date 6/7/19	5 Payee name El Buen Pastor Youth Group
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6 Amount (\$) 196.-	7 Payee address; City; State; Zip Code Edinburg, TX 78541
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser / (Chicken donation to BBQ)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/19	Payee name Orpha Garcia
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Amount (\$) 1,000.-	Payee address; City; State; Zip Code Edinburg, TX 78542
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/15/19	Payee name Rene Garcia
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Amount (\$) 80.-	Payee address; City; State; Zip Code Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation / Fundraiser (Dynasty Cheer Team)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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