

# 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: **10**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST Jorge MI L.  
NICKNAME LAST SUFFIX  
Coach Salinas

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
JUL 15 2020  
City of Edinburg  
City Secretary *CR 12:15pm*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST Jorge MI L.  
NICKNAME LAST SUFFIX  
Coach Salinas

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
[REDACTED]

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    Month Day Year  
01 / 16 / 2020    THROUGH    07 / 15 / 2020

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
11 / 07 / 2017     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 Jorge L. Salinas 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)  
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.

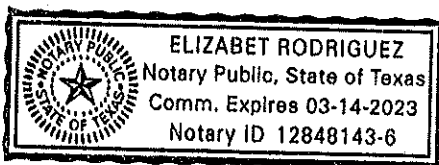
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>21,000.-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,112.58</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>28,563.26</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jorge L. Salinas, this the 15 day of July, 2020, 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 L. 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	\$ 21,000. -
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 3,112.58
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: **4**

2 FILER NAME

*Jorge L. Salinas*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/10/20*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Linebarger, Grogan, Blair + Sampson LLP*

6 Contributor address;

City; State; Zip Code

*P.O. 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

*2/10/20*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Burns Brothers LTD*

Contributor address;

City; State; Zip Code

*4216 N. Interstate I-69-C*

*Edbg. TX 78542*

Amount of contribution (\$)

*2,500. --*

Principal occupation / Job title (See Instructions)

*Self Employed*

Employer (See Instructions)

*Self*

Date

*2/10/20*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Victor Daniec*

Contributor address;

City; State; Zip Code

*P.O. Box 2604*

*Edbg. TX 78540*

Amount of contribution (\$)

*2,500. --*

Principal occupation / Job title (See Instructions)

*Self Employed*

Employer (See Instructions)

*Self*

Date

*2/10/20*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Richard Molina*

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

*1,500. --*

Principal occupation / Job title (See Instructions)

*Self Employed*

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 L. Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Red Rock Real Estate

7 Amount of contribution (\$)

1,500. -

6 Contributor address; City; State; Zip Code

2912 S. Jackson Rd McAllen, TX 78503

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Self

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mitchell O. Killion

Amount of contribution (\$)

1,500. -

Contributor address; City; State; Zip Code

2514 Garza St. City, TX 78539

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alfonso Quintanilla

Amount of contribution (\$)

1,500. -

Contributor address; City; State; Zip Code

100 E. Emory Ave McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Shavi Mahtani

Amount of contribution (\$)

1,500. -

Contributor address; City; State; Zip Code

8133 N. 1st St. McAllen, TX 78504

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 L. Salmer

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

St. Eulalia Holdings LLC

7 Amount of contribution (\$)

1,500. —

6 Contributor address; City; State; Zip Code

608 S. 12<sup>th</sup> St. McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Albert Trujano

Amount of contribution (\$)

1,000. —

Contributor address; City; State; Zip Code

819 N. Veterans Blvd. Pharr, TX 78577

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Self

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Johnathan R. Sakulenski

Amount of contribution (\$)

1,000. —

Contributor address; City; State; Zip Code

McAllen, TX

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jeffery W. Everitt

Amount of contribution (\$)

1,000. —

Contributor address; City; State; Zip Code

901 S. Texas Blvd. Weslaco, TX 78596

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 L. Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Valiant Energy Sources LLC

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

PO Box 52240 McAllen, TX 78503

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Elesvia M. Torres

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

County Commissioner

Employer (See Instructions)

Hidalgo County

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# 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: <b>3</b>		2 FILER NAME <b>Jorge L. Selinas</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/17/20</b>		5 Payee name <b>Sam Antonio</b>			
6 Amount (\$) <b>50.-</b>		7 Payee address; City; State; Zip Code <b>2116 N. Erika St. Pharr, TX 78577</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(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 <b>1/17/20</b>		Payee name <b>S.2.3 Express Printing</b>			
Amount (\$) <b>40.59</b>		Payee address; City; State; Zip Code <b>523 W. Schunior Edg. TX 78542</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		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 _____ Office held _____				

Date <b>1/23/20</b>		Payee name <b>S.2.3 Express Printing</b>			
Amount (\$) <b>37.89</b>		Payee address; City; State; Zip Code <b>523 W. Schunior Edg. TX 78542</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		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 _____ 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jorge L. Salinas</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/1/20</i>	<b>5</b> Payee name <i>Aguilar's Meat Market</i>	
<b>6</b> Amount (\$) <i>209.10</i>	<b>7</b> Payee address; City; State; Zip Code <i>1306 E. University Dr. 78539</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>2/5/20</i>	Payee name <i>Mesquite Grill</i>	
Amount (\$) <i>535. -</i>	Payee address; City; State; Zip Code <i>2113 W. Trenton Rd. Edbg. TX 78539</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</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      Office held
Date <i>2/13/20</i>	Payee name <i>Miguel Garcia</i>	
Amount (\$) <i>2,100. -</i>	Payee address; City; State; Zip Code <i>700 W. Cano Edbg. TX 78539</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contract Labor</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      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                        | 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>Serge L. Salinas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/26/20</i>	5 Payee name <i>Yuliana Garcia</i>	
6 Amount (\$) <i>140.-</i>	7 Payee address; City; State; Zip Code <i>Edbg. TX 78534</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraiser Donation</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	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**