# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction  | Guide explains how to complete this form.                            | 1 ACCOUNT #<br>(Ethics Commission Filers) | 2 Total pages filed:   |
|---|--|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS/MR8/MR FIRST  PAV  NICKNAME LAST                                  | MI  | OFFICE USE ONLY Date Received  |
|   | Salduna  |   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS / POBOX; APT / SUITE #; CITY;  P. D. 130 × 1383              | STATE; ZIP CODE                           | Date Hand-delivered or Postmarked  |
| change of address   | HUSTIN   | 1x 78652                                  | Receipt # Amount   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER (5/2) 771-728                                 | EXTENSION                                 | Date Processed   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR FIRST Alberto  | MI  | Date Imaged  |
|   | NICKNAME LAST  CAYGA   | SUFFIX                                    |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(residence or business) | STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#,                        | criv; state;<br>83 Aostin                 | 7x 78652   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER   | EXTENSION                                 |  |
| 9 REPORT TYPE   | January 15 30th day before election  July 15 8th day before election | Runoff  Exceeded \$500 limit              | 15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month Day Year THROUGH   | Month Day                                 | Year / 1.5   |
| 11 ELECTION   | Month Day Year ELECTION TYPE  Primary                                | Runoff (                                  | General Special Runoff   |
| 12 OFFICE   | A150 Dist. 6   | 13 OFFICE SOUGHT (if known)               |  |
|   | GO TO PAC  | 3E 2                                      |  |

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME   | Par   | V/ Saldana 15 AC  | COUNT # (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  |                                    |  |  |  |
|  | GENERAL   | COMMITTEE ADDRESS   | 4.20.00                            |  |  |  |
|  | SPECIFIC  | SOMMITTEE ABBILLOS  |                                    |  |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME   |                                    |  |  |  |
| additional pages   |   |   |                                    |  |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                    |  |  |  |
| 17 CONTRIBUTION<br>TOTALS  |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$                                 |  |  |  |
|  |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                      | \$ /500.00                         |  |  |  |
| EXPENDITURE<br>TOTALS  | A   |   |                                    |  |  |  |
|  | 4. TOTAL  | 4. TOTAL POLITICAL EXPENDITURES \$ 2804.78  |                                    |  |  |  |
| CONTRIBUTION<br>BALANCE  | 4. TOTAL POLITICAL EXPENDITURES \$ 280 4.78  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2776.23  |   |                                    |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   |   |                                    |  |  |  |
| 18 AFFIDAVIT   |   |   | 4-44                               |  |  |  |
|  |   | I swear, or affirm, under penalty of perjuing is true and confect and includes all inform                 |                                    |  |  |  |
| 3 / A . P****  | OSA PALACIOS  | me under Title 15, Election Confe   |                                    |  |  |  |
| NOTARY PUBLIC State of Texas Comm. Exp. 11-15-2016   |   |   |                                    |  |  |  |
| Section of the sectio | \$\$\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | Signature of Candidate  | or Officeholder                    |  |  |  |
| AFFIX NOTARY STAMP / SEAL ABOVE  |   |   |                                    |  |  |  |
| Sworn to and subscribed before me, by the said FULL M. MAUNA, this the   |   |   |                                    |  |  |  |
| day of <u>Vanuary</u> , 20 <u>f5</u> , to certify which, witness my hand and seal of office.   |   |   |                                    |  |  |  |
| Kan And  | aesa:   | Rosa Palacios F   | anlegal                            |  |  |  |
| Signature of officer admi  | nistering oath  | Printed name of officer administering oath T  | itle of officer administering oath |  |  |  |

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

|                   |  |  |  | MINOR III   |
|-------------------|--|--|--|---|
| The               | Instruction Guide explains how to complete this  | form.  | 1 Total pages Sch                                | edule A:  |
| 2 FILER NAME      | Paul Saldano   | Seement Seemen | 3 ACCOUNT # (E                                   | thics Commission Filers)                            |
| 4 Date            | 5 Full name of contributor □ out-of-state PAC (ID#:_ Robert Leoner 6 Contributor address; City; State; Zip Code 580 H River Oa Haveluun LA | ILS KD   | 7 Amount of contribution (\$)  \$\frac{4}{5}/000 | 8 In-kind contribution description (if applicable)  |
| 9 Principal occup | pation / Job title (See Instructions)  | 10 Employer (See   |  | or rexas, complete concount 17                      |
| Date 12/14        | Full name of contributor out-of-state PAC (ID#_  Betty Duville re  Contributor address; City; State; Zip Code  299 Mallaken                | <b>y</b>   | Amount of contribution (\$)                      | In-kind contribution<br>description (if applicable) |
| Principal occur   | Bustrop 7x 78 pation / Job title (See Instructions)  | Employer (See  |  | of Texas, complete Schedule T)                      |
|                   | · ·  |  |  |   |
| Date 1/2/15       | Full name of contributor   out-of-state PAC (ID#_Carmel 0 Macines Contributor address; City; State; Zip Code / 6017 Wild Drum              | estor  | Amount of contribution (\$)                      | In-kind contribution description (if applicable)    |
|                   | Austin Tx 787  | 777  | (If travel outside                               | I<br>of Texas, complete Schedule T)                 |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See  | Instructions)                                    |   |
| Date 1/2/15       | Full name of contributor out-of-state PAC (ID#_Curole Keefout Contributor address; City; State; Zip Code 2904 Bownson                      | Aue  | Amount of contribution (\$)                      | In-kind contribution<br>description (if applicable) |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See I  |  | of Texas, complete Schedule T)                      |
| Date              | Full name of contributor   |  | Amount of contribution (\$)                      | In-kind contribution<br>description (if applicable) |
|                   | Contributor address; City; State; Zip Code   |  | (If travel outside o                             | <br> <br> <br> of Texas, complete Schedule T)       |
| Principal occur   | pation / Job title (See Instructions)  | Employer (See I  | nstructions)                                     |   |
|                   |  |  |  |   |

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

#### SCHEDULE F

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid | Salaries/Wages/Contract Labor<br>Solicitation/Fundraising Expense<br>Travel In District<br>Travel Out Of District<br>Office Overhead/Rental Expense<br>e explains how to complete this | OTHER (enter a catego                   | ent & Related Expense<br>s Made By<br>der/Political Committee |
|--|--|--|---|---|
| Total pages Schedule F:  | 2 FILER NAME POUL S  | ildanu   | 3 ACCOUNT # (E                          | Ethics Commission Filers)                                     |
| 1 Date 1 2 15  | 5 Payee name Fay   | Pal  |   |   |
| #14.20   | F.O. Box   | tate; Zip Code<br>-<br>  | 1D 210.                                 | 94  |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed at the to  | op of this schedule) (b) Description   | ON (If travel outside of Texas, co      | mplete Schedule T)  |
| Complete ONLY if direct expenditure to benefit C/O                           | Candidate / Officeholder name  | e Office sou   | ıght                                    | Office held   |
| Date 12/1/14   | Payee name Waln  | eart   |   |   |
| Amount (\$)  | Payee address; City; S   | tate; Zip Code   |   |   |
| \$204.58   |  |  |   |   |
| PURPOSE<br>OF  | Category (See categories listed at the to  | L I  | On (If travel outside of Texas, co      | mplete Schedule T)  |
| Complete ONLY if direct expenditure to benefit C/O                           | Candidate / Officeholder name  | Office sou   | ight                                    | Office held   |
| Date /   | Payee name   | at Cont  | and |   |
| Amount (\$)  | Payee address; City; St  | ate; Zip Code  |   |   |
| \$ 46.00   | . 3,00 333,000,  |  |   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to  | p of this schedule)  Description  US L   | On (If travel outside of Texas, con     | mplete Schedule T)  |
| Complete ONLY if direct expenditure to benefit C/Ol                          | Candidate / Officeholder name  |  | ght                                     | Office held   |
| Date   | Payee name   |  | . //                                    |   |
| 12/15/14<br>Amount (\$)  | Payee address; City; St  | ate; Zip Code  | nilla.                                  |   |
| \$300.00   | . 1,00 add 000, Oily, Oil  |  |   |   |
| PURPOSE<br>OF  | Category (See categories listed at the to  | p of this schedule) Description  | On (If travel outside of Texas, con     | nplete Schedule T)  |
| EXPENDITURE  | Courrant   | anux   | - lak                                   | Office held   |
| Complete ONLY if direct<br>expenditure to benefit C/O                        | Candidate / Officeholder name  | Office sou   | grit                                    | Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

| Fees  | Printing Expense Office Overhead/                                | ·                             | (enter a category not listed above)   |
|---|--|-------------------------------|---------------------------------------|
|   | The Instruction Guide explains how to                            |                               |                                       |
| 1 Total pages Schedule F:                                 | 2 FILER NAME Par Selas   | Wil 3                         | ACCOUNT # (Ethics Commission Filers)  |
| 4 Date 12/16/14   | 5 Payee name Sorvanos  | Soutupe                       | woll Me Dow                           |
| 6 Amount (\$) \$ \$ 50,00                                 | 7 Payee address; City; State; Zip Code                           |                               | •                                     |
| 8 PURPOSE<br>OF   | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel or | utside of Texas, complete Schedule T) |
| EXPENDITURE   | trant expense  | <u> </u>                      | m 11 1 1 1 1                          |
| 9 Complete ONLY if direct expenditure to benefit C/C      | Candidate / Officeholder name<br>DH                              | Office sought                 | Office held                           |
| Date /2/1/14  | Payee name U.S. Post   | d Servi                       | : e 5                                 |
| Amount (\$)   | Payee address; City; State; Zip Code                             | · •                           |                                       |
| \$ 300.00   |  |                               |                                       |
| PURPOSE   | Category (See categories listed at the top of this schedule)     | Description (If travel or     | utside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE   | Postage  |                               |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name                                    | Office sought                 | Office held                           |
| Date 12/16/14   | Payee name ATT   |                               |                                       |
| Amoun∯ (\$)   | Payee address; City; State; Zip Code                             |                               |                                       |
| \$250.00  |  |                               |                                       |
| PURPOSE   | Category (See categories listed at the top of this schedule)     | Description (If travel or     | utside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE   | Office Overhead  |                               |                                       |
| Complete ONLY if direct expenditure to benefit C/O        | Candidate / Officeholder name<br>H                               | Office sought                 | Office held                           |
| Date 12/1/14  | Sand Chb   |                               |                                       |
| Amount (\$)   | Payee address; City; State; Zip Code                             |                               |                                       |
| \$45.00   |  |                               |                                       |
| PURPOSE   | Category (See categories listed at the top of this schedule)     | Description (If travel ou     | stside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE   | Travel low   |                               |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name<br>OH                              | Office sought                 | Office held                           |
| <del>:</del>  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEEDE             | <br>D                                 |

### SCHEDULE F

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Co<br>Solicitation/Fundra<br>Travel In District<br>Travel Out Of Dist<br>Office Overhead/R | ontract Labor<br>dising Expense<br>trict<br>Rental Expense | Contributions/Donatior<br>Candidate/Officeho<br>OTHER (enter a categ | ent & Related Expense<br>is Made By<br>ider/Political Committee |
|--|---|---|--|--|---|
|  | The Instruction Guide   | explains how to   | complete this for  |  |   |
| Total pages Schedule F:  | 2 FILER NAME Paul   | Salde   | run  | 3 ACCOUNT#(  | Ethics Commission Filers)                                       |
| Date 12/15/14  | 5 Payee name Putri  | de M  | 'elel  |  |   |
| Amount (\$)  | 7 Payee address; City; St   | ate; Zip Code   |  |  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed at the to   | p of this schedule)   | (b) Description  | (If travel outside of Texas, o                                       | omplete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/Ol                                      | Candidate / Officeholder name   |   | Office sough   | t  | Office held   |
| Date /2/15/14  | Payee name Mad  | + Me  | lel  |  |   |
| Amount (\$)  | Payee address; City; St   | ate; Zip Code   |  |  |   |
| \$7300   |   |   |  |  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to   | of this schedule)  La Nov   | Description  | (If travel outside of Texas, co                                      | omplete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/O                                       | Candidate / Officeholder name   |   | Office sough   | t ·  | Office held   |
| Date / 12/15/14  | Payee name Sams   | Chib  |  |  |   |
| Amfount (\$)   | Payee address; City; St   | ate; Zip Code   |  |  |   |
| \$45.00  |   |   |  |  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to   | o of this schedule)   | Description  | (If travel outside of Texas, co                                      | omplete Schedule T)   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                | Candidate / Officeholder name   |   | Office sough   | t  | Office held   |
| Date 1/14/15   | Payee name  | utegu   |  | ALVIII   |   |
| Amount (\$)<br>\$500.00  | Payee address; City; St   | ate; zip code<br>Nahor<br>Aos   | 12d<br>tu T  | 7872   | 73  |
| PURPOSE  | Category (See categories listed at the to   | of this schedule)   | Description  | (If travel outside of Texas, co                                      | mplete Schedule T)  |
| OF<br>EXPENDITURE  | Cousieltru  | 1Ado  | EXP  |  |   |
| Complete ONLY if direct expenditure to benefit C/O                                       | Candidate / Officeholder name   |   | Office sought  | · ·  | Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Gift/Awards/Memorials Expense

Advertising Expense

#### SCHEDULE F

Loan Repayment/Reimbursement

| Accounting/Banking                                  | Legal Services                             | Solicitation/Fundr                     |                   | Transportation Equipment & Related                                    | Expense       |
|---|--|--|-------------------|---|---------------|
| Consulting Expense<br>Event Expense                 | Food/Beverage Expense Polling Expense      | Travel In District<br>Travel Out Of Di |                   | Contributions/Donations Made By<br>Candidate/Officeholder/Political C | Committee     |
| Fees  | Printing Expense                           | Office Overhead/                       | /Rental Expense   | OTHER (enter a category not listed                                    | above)        |
|   | And form                                   | uide explains how to                   | complete this for |   |               |
| Total pages Schedule F:                             | 2 FILER NAME Pau                           | 1 52/a                                 | bura              | 3 ACCOUNT # (Ethics Commis  | ssion Filers) |
| 12/30/14  | 5 Payee name Fuc                           | e bode                                 |                   |   |               |
| \$ Amount (\$)<br>\$350.00                          | 7 Payee address; City;                     | State; Zip Code                        |                   |   |               |
| PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the | ,                                      | (b) Description   | 1 (If travel outside of Texas, complete Schedule                      | e T)          |
|   | LICU EX                                    | guse                                   | Office count      | · · · Office hal  | -             |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder har               | me                                     | Office sough      | ht Office held  | <u>t</u>      |
| Date   14415  |  | ertur                                  | Print             | tiers   |               |
| Ampunt (\$)   |  | State; Zip Code                        |                   |   |               |
| PURPOSE   | Category (See categories listed at the     | e top of this schedule)                | Description       | (If travel outside of Texas, complete Schedule                        | <b>∍</b> T)   |
| OF<br>EXPENDITURE                                   | ALV EX                                     | ruse                                   |                   |   |               |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder har<br>DH         | · · · · · · · · · · · · · · · · · · ·  | Office sought     | ht Office held  |               |
| Date 12 13 14                                       | Payee name                                 | ·                                      | -05               |   | *****         |
| \$ 250,00   | Payee address; City;                       | State; Zip Code                        |                   |   |               |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See categories listed at the     |  | Description (     | (If travel outside of Texas, complete Schedule                        | T)            |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder nan               | ne                                     | Office sought     | nt Office held  |               |
| Date 12/13/14                                       | Payee name Wall                            | nut                                    |                   |   |               |
| # 200.00  | Payee address; City;                       | State; Zip Code                        |                   | ·<br>   |               |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See categories listed at the     | top of this schedule)                  | Description (     | (If travel outside of Texas, complete Schedule                        | T)            |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Öfficeholder nam<br>DH         | ne                                     | Office sought     | nt Office held  |               |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |  |  |                   |   |               |

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Salaries/Wages/Contract Labor