FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067840 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Laura NAME Date Received **ELECTRONICALLY FILED** 01/10/2024 NICKNAME LAST **SUFFIX** Salinas CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Derek B. NAME NICKNAME LAST **SUFFIX** Hilley **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 725-2288 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 166 Bexar

Forms provided by Texas Ethics Commission

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Version V3.5.1.f1b8c3f1

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholders knowledge or political committees to support the candidate / officeholders knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE TYPE COMMITTEE NAME						
FROM POLITICAL COMMITTEE(S) Antition Project Committee (S) Antition Project Committee (S) Antition Project Committee (S) Committee (S)	13 C / OH NAME	Salinas, Laura (The I	Honorable)	-	(Ethics Commission F	-ilers)
GENERAL COMMITTEE ADDRESS	POLITICAL	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholde consent. Candidates and officeholders are required to report this information only if they receive notice of				or
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. 3,516.66 EXPENDITURE TOTAL OUT LOUITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES S. 0,00 CONTRIBUTION EXPENDITURE CONTRIBUTION EXPENDITURE S. 0,00 OUTSTANDING ON TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE STORM OF THE REPORTING PERIOD OUTSTANDING OF THE REPORTING PERIOD 1 Iswear, 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. The Honorable Laura Salinas Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 100,960.79 MILES OF THE REPORTING PERIOD 1. AFFIDAVIT 1. 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. SWOM to and subscribed before me, by the said	Ш	GENERAL				
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AFFIX NOTARY STAMP / SEAL ABOVE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING GOOD THE REPORTING PERIOD 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. The Honorable Laura Salinas Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.		101/1210211			\$ 3,5	16.66
4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD If 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. The Honorable Laura Salinas Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.	EXPENDITURE	 		IS)	<u>.</u>	
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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. The Honorable Laura Salinas Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.				AST DAY OF THE	\$ 100,9	60.79
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. The Honorable Laura Salinas Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.				OF THE LAST DAY	\$	0.00
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	I7 AFFIDAVII		true and correct and includes a			
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said			The Hor	norable Laura Salina	S	
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.						_
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	OVE			
of, 20, to certify which, witness my hand and seal of office.	Sworn to and subs	cribed before me, by the s	aid	, this the	day	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						_
	Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER S	SHEET PG 3 3 of 12
	R NAN	(Ethics C	ommission Filers)		
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,100.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	416.66
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	9,814.31
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/12	
2	FILER NAME Salinas, Lau	ra (The Honorable)			3 Filer ID (Ethics Commission F 00067840	-ilers)
4	4 Date 09/13/2023 5 Full name of contributor out-of-state PAC (ID#: Brandon Wong & Associates, PLLC 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$)	\$500.00	
8	Contributor's I	San Antonio, TX 78204 Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if an	у)			
Date Full name of contributor out-of-state PAC 09/13/2023 Brown, Olga (Mrs.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#:_ te; Zip Code		Amount of Contribution (\$)	\$100.00	
	Contributorio	San Antonio, TX 78209		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
	Contributor's e	employer/law firm If Olga Brown s a child, law firm of parent(s) (if an	у)	Law firm of contributor's sp	pouse (if any)	
	Date 12/12/2023	Full name of contributor [Martinez & Associates, PLL)	Amount of Contribution (\$)	2,500.00
		Contributor address; City; Star San Antonio, TX 78223	te; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm Law firm o				Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/12 3 Filer ID (Ethics Commission Filers) FILER NAME Salinas, Laura (The Honorable) 00067840 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 09/10/2023 Augies Alamo City BBO Steakhouse \$250.00 Petition Signing Party food 7 Contributor address; City; State; Zip Code expense contribution San Antonio, TX 78215 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/10/2023 The Herrera Law Firm, Inc. \$166.66 Petition Signing Party Contributor address; City; State; Zip Code beverage expense contribution San Antonio, TX 78207 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to con	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 6/12	Salinas, Laura (The Honorable)		00067840
4	Date	5 Payee name		<u>'</u>
	07/26/2023	Annie's List		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$100.00	P.O. Box 303277		
		Austin, TX 78703		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Brunch event ticket
_				000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	09/10/2023	Augie's Alamo City BBQ Steakhouse		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$192.05	909 Broadway St.		
		San Antonio, TX 78215		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Petition Signing Party beverage expense
				retulon Signing rarty beverage expense
	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/Ol		JIII	Office field
	Data	D		
	Date 10/27/2023	Payer County Clork		
		Bexar County Clerk		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$150.00	100 Dolorosa		
		#104		
		San Antonio, TX 78205		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Bexar County Active Voter List
	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
	expenditure to benefit C/O		c	S55 Hold
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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)

Credit Card Payn	nent	The Instruction Guid	le explains how to cor	nplete t	this form.		
1 Total pages S	chedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
Sch: 2/7 R	pt: 7/12	Salinas, Laura (The Honorabl	le)			00067840	
4 Date		5 Payee name			•		
12/02/2023		Bexar County Democratic Pa	rty				
6 Amount (\$)		7 Payee address; City;	State; Zip Co	de			
	\$2,500.00	1844 Fredricksburg Rd.					
		San Antonio, TX 78201					
8 PURPOSE	<u> </u>	(a) Category (See Categories listed at the	ton of this schodula)	(b) De	escription		
OF	DE	Fees	top of this schedule)		Check if travel outsid	le of Texas. Comp	olete Schedule T.
EXPENDITU	KE				Check if Austin, TX,		expense
				Ele	lection Primary	filing fee	
9 Complete ONI expenditure to		Candidate/Officeholder name	Office sou	ght		Office he	eld
Date		Payee name					
09/08/2023		Bexar County Tejano Democ	rats				
Amount (\$)		Payee address; City;	State; Zip Co	de			
	\$20.00	9506 Wahada Ave.					
		San Antonio, TX 78217					
PURPOSE	Ē	(a) Category (See Categories listed at the	top of this schedule)	(b) De	escription		
OF EXPENDITU	RE	Fees			Check if travel outsident Check if Austin, TX,		
				L. Me	embership due		expense
					omboromp ado		
Complete ONI	LY if direct	Candidate/Officeholder name	Office sou	ght		Office he	eld
expenditure to		4	•	,			
Date		Payee name					
09/08/2023		Copy Concierge					
Amount (\$)		Payee address; City;	State; Zip Co	de			
7 uou (4)	\$121.24	2015 McCullough Ave.	State, E.p Co.				
	,						
		San Antonio, TX 78212					
PURPOSE	-			(h) Da			
OF	-	(a) Category (See Categories listed at the Advertising Expense	top of this schedule)	(b) De	escription Theck if travel outsid	le of Texas. Com	olete Schedule T.
EXPENDITU	RE	Advertising Expense			Check if Austin, TX,		
				Di	isplay table bar	nner	
Complete ONI expenditure to		Candidate/Officeholder name	Office sou	ght		Office he	eld
expenditure to	benefit C/Of	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 8/12	Salinas, Laura (The Honorable) 00067840
4	Date	5 Payee name
	09/11/2023	Election Support Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.00	2611 Rompel Pass
		San Antonio, TX 78232
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Petition Signing Party events fees: flyer, food and
		beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/24/2023	Jump Design, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	9242 Bingham Dr.
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		AFL-CIO Directory Ad design
		, a 2 3.3 5.1000., A 4 400.g.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_	Date	Payee name
	07/25/2023	Mexican American Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 830953
	Ψ200.00	1 .O. Box 030333
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Golf Tournament Hole Sponsor/Ad
	Operation ONLY if allowed	Our fideby (Office holds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 9/12	Salinas, Laura (The Honorable) 00067840
4	Date	5 Payee name
	12/04/2023	Mexican American Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 830953
		San Antonio, TX 78283
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MABA Pachanga event sponsor
		MADA Facilitya event sponsoi
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2023	National Association of Women Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.00	1001 Connecticut Ave. NW Ste. 1138
		Washington, DC 20036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership dues
		Membership ades
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	08/16/2023	North East Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	P.O. Box 700766
		San Antonio, TX 78270-0766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Labor Day Event display table fee
	Commission ONU Wife allows	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/7 Rpt: 10/12	Salinas, Laura (The Honorable) 00067840
4	Date	5 Payee name
	09/04/2023	North East Bexar County Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	P.O. Box 700766
		San Antonio, TX 78270-0766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor Day Event tickets
		Edbor Day Event tienets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Payee name
	08/31/2023	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.97	255 E. Basse Rd.
	¥==*:*	#1510
		San Antonio, TX 78209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Camplete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for petition signing events
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/25/2023	SD19 Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	574 Kendalia Ave.
		San Antonio, TX 78221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Petition Signing Party display table fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Ma Candidate/Officeholder/P Credit Card Payment	
1 Total pages Cabadela	
1 Total pages Schedule Sch: 6/7 Rpt: 11/1	
4 Date	5 Payee name
07/25/2023	San Antonio AFL-CIO
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.	9502 Computer Dr.
	Suite 201
	San Antonio, TX 78229-2382
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Labor Day Directory Ad
9 Complete <u>ONLY</u> if dire expenditure to benefit	
Date	Payee name
08/30/2023	San Antonio Bar Association
Amount (\$)	Payee address; City; State; Zip Code
\$100.	00 126 E. Nueva
	San Antonio, TX 78204
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Membership dues
	Wellbership dues
Complete <u>ONLY</u> if dire expenditure to benefit	
Date	Payee name
08/24/2023	San Antonio Women's Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$25.	00 200 E. Grayson
	Suite 210
	San Antonio, TX 78215
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Chamber mixer
Complete <u>ONLY</u> if dire expenditure to benefit	
and a second second	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 12/12	Salinas, Laura (The Honorable) 00067840
4	Date	5 Payee name
	09/08/2023	Star Embroidery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,351.65	6325 San Pedro Ave.
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign T-shirts
		Campaign 1-shirts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Davies name
	09/01/2023	Payee name UPS Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.12	5150 Broadway
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Copies
		Соргос
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/17/2023	Walmart
	Amount (\$) \$54.09	Payee address; City; State; Zip Code 1430 Austin Hwy
	\$34.09	1430 Austin riwy
		Con Antonio TV 70200
		San Antonio, TX 78209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		printing supplies ink cartridge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	