

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:  <span style="font-size: 2em; color: blue;">6</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX <span style="font-size: 1.5em;">(J.L.)</span> <span style="font-size: 1.5em;">Jose Luis</span> <span style="font-size: 1.5em;">Salinas</span>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                  Date Received  <span style="font-size: 1.5em; color: red;">10:43 a.m.</span>  <span style="font-size: 2em; color: red; font-family: cursive;">Ralt</span>                  Date Hand-delivered or Postmarked                  Receipt # Amount                  Date Processed                  Date Imaged  <div style="float: right; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">RECEIVED MAY 19 2014</div> </div>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">2408 N. Marwick Rd. Edbg. TX 78541</span>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(956) 381-0510</span>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <span style="font-size: 1.5em;">Jorge Luis</span> <span style="font-size: 1.5em;">Salinas</span>		
<b>7</b> CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">816 Peach Ave Edbg. TX 78542</span>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(956) 457-6321</span>		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <span style="font-size: 1.2em;">02 / 23 / 2014</span> <span style="font-size: 1.2em;">05 / 17 / 2014</span>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.2em;">05 / 27 / 2014</span>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <span style="font-size: 1.2em; color: blue;">Justice of the Peace Pct 4. Place 2</span>	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Salinas, Jose Luis (J.L.)*

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1430.-*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *6,449.55*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

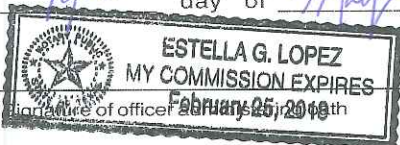
*Jose Luis Salinas*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jose Luis Salinas*, this the

*19th* day of *May*, 20 *14*

*Jose Luis Salinas*, this the *19th* day of *May*, 20 *14* to certify which, witness my hand and seal of office.



Printed name of officer administering oath

Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>		2 FILER NAME <b>Salinas, Jose Luis</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/23/14 - 5/17/14</b>		5 Payee name <b>Sal's Vinyl Grafix</b>			
6 Amount (\$) <b>1750.-</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>2030 N. Casa Pharr, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising / Printing</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Signs / Decals / Rlm Cards</b>	
Date <b>2/23/14 - 5/17/14</b>		Payee name <b>El Tigre / Jacket / Stripes</b>			
Amount (\$) <b>461.96</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>Edbg. / Mcallen Area</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Travel in District</b>		Description (If travel outside of Texas, complete Schedule T) <b>GAS</b>	
Date <b>2/23/14 - 5/17/14</b>		Payee name <b>Whataburger / Pizza Hut / Dominos / Various Restaurants</b>			
Amount (\$) <b>2,126.45</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>Edbg. / Mcallen Area</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / meals</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food / meals</b>	
Date <b>2/23/14 - 5/17/14</b>		Payee name <b>Loves / McLoys</b>			
Amount (\$) <b>205.64</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>2802 W. University Dr. Edbg. TX 78539</b> / <b>2901 University Dr. Edbg. TX 78541</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Wood &amp; Supplies for Signs</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>2</i>	<b>2</b> FILER NAME <i>Salinas, Jose Luis (JL.)</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>3/24/14</i>	<b>5</b> Payee name <i>Hidalgo Stephens Dept.</i>	
<b>6</b> Amount (\$) <i>25.50</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Fee</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Copies</i>
Date <i>2/23/14 - 5/17/14</i>	Payee name <i>Salinas, Samantha</i>	
Amount (\$) <i>1980.-</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3812 Rio Grande Cove Rd. (P.O. Box 4783) Edly, TX 78541</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mgr.</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Salinas, Jose Luis (J.L.)</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/25/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adame, David</b>	7 Amount of contribution (\$) <b>250.-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>210 W. Muhl St. Edgs. TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/26/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rodriguez, Domingo</b>	Amount of contribution (\$) <b>300.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1463 Edgs. TX 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/25/14 - 5/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dimas, Juan Ramon</b>	Amount of contribution (\$) <b>200.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/25/14 - 5/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Esphozo, Charlie</b>	Amount of contribution (\$) <b>200.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/25/14 - 5/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Quintanilla, Cris</b>	Amount of contribution (\$) <b>40.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <b>Salinas, Jose Luis (JL)</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/25/14 - 5/9/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mingo's Car Clinic</b>	7 Amount of contribution (\$) <b>300. -</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/25/14 - 5/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Salinas, Becky</b>	Amount of contribution (\$) <b>40. -</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/25/14 - 5/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wilde, John</b>	Amount of contribution (\$) <b>50. -</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/25/14 - 5/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arce, Ricardo</b>	Amount of contribution (\$) <b>50. -</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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