

# 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: <b>7</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>          </u> FIRST <u>Carlos</u> MI NICKNAME LAST SUFFIX <u>Salazar</u> <u>Jr.</u>	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>BEE COUNTY ELECTIONS ADMINISTRATION</b>  <b>JAN 16 2024</b>  <b>RECEIVED</b> Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2319 Houlihan St.      Beeville TX 78102</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(361)      542-1011</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>          </u> FIRST <u>Mayra</u> MI NICKNAME LAST SUFFIX <u>Lira</u>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2319 Houlihan St.      Beeville TX 78102</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(361)      542-9621</u>		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <u>04 / 27 / 2023</u> <u>01 / 15 / 2024</u>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <u>03 / 05 / 2024</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>None</u>	<b>13 OFFICE SOUGHT (if known)</b> <u>County Commissioner Precinct 1</u>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

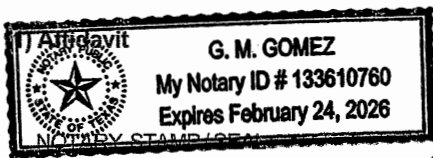
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Carlos Salazar Jr.</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>65.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,100.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>345.54</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,381.96</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,676.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,893.00</u>

18 SIGNATURE 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Carlos Salazar this the 16<sup>th</sup> day of January, 2024 to certify which, witness my hand and seal of office.

[Signature] G.M. Gomez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Carlos Salazar Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,165.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,893.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,381.96
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>Carlos Salazar Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/01/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City: State: Zip Code <b>Beeville TX 78102</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/08/2023</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City: State: Zip Code <b>San Antonio TX 78249</b>	Amount of contribution (\$) <b>\$ 150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City: State: Zip Code <b>Fort Worth TX 76107</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/20/2023</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)  City: State: Zip Code <b>Fort Worth TX 76107</b>	Amount of contribution (\$) <b>\$ 350.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <span style="font-size: 24pt;">2</span>
2 FILER NAME <span style="font-size: 18pt;">Carlos Salazar Jr.</span>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <span style="font-size: 24pt;">0</span>
5 Date of loan <span style="font-size: 18pt;">10/12/2023</span>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <span style="font-size: 18pt;">Carlos Salazar Jr.</span>	9 Loan Amount (\$) <span style="font-size: 18pt;">\$1,700.00</span>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <span style="font-size: 18pt;">2319 Houlihan St. Beeville TX 78102</span>	10 Interest rate <span style="font-size: 18pt;">\$0</span>
		11 Maturity date <span style="font-size: 18pt;">NA</span>
12 Principal occupation / Job title (See Instructions) <span style="font-size: 18pt;">Store Owner</span>		13 Employer (See Instructions) <span style="font-size: 18pt;">CBS Grocery</span>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>Carlos Salazar Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>08/01/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Salazar Jr.</b>	9 Loan Amount (\$) <b>\$1,500.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>2319 Houlihan St. Beeville TX. 78102</b>	10 Interest rate <b>\$0</b>
		11 Maturity date <b>NA</b>
12 Principal occupation / Job title (See Instructions) <b>Store Owner</b>		13 Employer (See Instructions) <b>CBS Grocery</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>09/08/2023</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Salazar Jr.</b>	Loan Amount (\$) <b>\$ 693.00</b>
Is lender a financial institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>2319 Houlihan St. Beeville TX. 78102</b>	Interest rate <b>\$0</b>
		Maturity date <b>NA</b>
Principal occupation / Job title (See Instructions) <b>Store Owner</b>		Employer (See Instructions) <b>CBS Grocery</b>
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <i>Carlos Salazar Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/22/2023</i>		5 Payee name <i>Mayra A. Lira</i>			
6 Amount (\$) <i>\$ 379.31</i>		7 Payee address; <i>2319 Houlihan St.</i>		City; <i>Beeville</i>	State; <i>TX</i>
				Zip Code <i>78102</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Car Magnet Campaign Signs</i>		
	<i>Reimbursement for Magnets on the Cheap</i>				
		(c) <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 <i>Carlos Salazar Jr.</i>		Office sought <i>County Commissioner Pet. 1</i>	
		Office held			
Date <i>11/11/2023</i>		Payee name <i>Mayra A. Lira</i>			
Amount (\$) <i>\$ 2,462.69</i>		Payee address; <i>2319 Houlihan St.</i>		City; <i>Beeville</i>	State; <i>TX</i>
				Zip Code <i>78102</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Campaign Signs</i>		
	<i>Reimbursement for First Source Digital</i>				
		<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 <i>Carlos Salazar Jr.</i>		Office sought <i>County Commissioner Pet. 1</i>	
		Office held			
Date <i>12/15/2023</i>		Payee name <i>Lmc Business</i>			
Amount (\$) <i>\$ 194.42</i>		Payee address; <i>P.O. Box 1341</i>		City; <i>Beeville</i>	State; <i>TX</i>
				Zip Code <i>78104</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Campaign Flyers</i>		
		<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 <i>Carlos Salazar Jr.</i>		Office sought <i>County Commissioner Pet. 1</i>	
		Office held			

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