


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>16</u>		OFFICE USE ONLY						
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI	Date Received			
		NICKNAME	LAST	SUFFIX						
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify) _____		Date Hand-delivered or Date Postmarked				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Receipt #	Amount \$	Date Processed
		<u>01</u>	<u>01</u>	<u>2023</u>	THROUGH	<u>03</u>	<u>27</u>	<u>2023</u>		

6 EXPLANATION OF CORRECTION

In the course of preparing the 8-day pre-election report, it was realized a reimbursement in that period corresponded to payments to vendors in this reporting period that had erroneously been recorded as a payment to the individual who was reimbursed. Further, the amount was high by a \$19.98 expense that actually was incurred and paid during the period for the 8-day report. This correction attributes the expenses to the vendors, shows corresponding loans from the individual and reduces total expenditures during the period by the \$19.98.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Simon Salinas
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Simon Salinas, and my date of birth is [REDACTED].

My address is 1108 Harvest Glen Dr, Plano, Tx, 75023, USA.
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 2 day of May, 2023.
(month) (year)

Simon Salinas
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Simon	MI
	NICKNAME	LAST Salinas	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1108 Harvest Glen Drive Plano, TX 75023		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
9 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 03/27/2023
10 ELECTION	ELECTION DATE Month Day Year 05/06/2023		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Trustee, Plano ISD Place 7 Place 7 District Plano ISD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 15

13 C / OH NAME Salinas, Simon	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 310.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,835.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 349.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,823.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,533.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 332.76

17 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 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.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Salinas, Simon	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,396.70
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16,438.95
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 332.76
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,823.49
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abramo, Philip	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 7850 Palisades Drive Frisco, TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Justin	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4428 Wordworth Drive Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bacchus, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5704 River Rock Lane Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Rebecca	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4828 Ravendale Drive Richardson, TX 75082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2616 Park Creek Drive Plano, TX 75075		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Thomas	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 313 W. Eller Avenue Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Hernandez, Cassandra	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7624 Worthing Street Dallas, TX 75252	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia M.D., Catalina	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 10455 N. Central Expressway # 109-314 Dallas, TX 75231	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Julissa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1614 Mary Drive Euless, TX 76040	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Julissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1614 Mary Drive Euless, TX 76040	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 03/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulley, Susy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 451 North Maxwell Creek Road Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Kelly	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3200 Gary Drive Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Olivia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7916 River Fork Drive Nashville, TN 37221		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Devin	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2417 Micarta Drive Plano, TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3824 South Drive Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Laura	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 3400 Montreal Drive Plano, TX 75023		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Suzanne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2700 Loftsmoor Lane Plano, TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Suzanne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2700 Loftsmoor Lane Plano, TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshi, Swati	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4317 Worth Street Dallas, TX 75246		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirton, Keyla	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1112 Overdowns Drive Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 02/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissi, Marie-Elsa	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 631 Williams Way Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulhavy, Rachel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1506 California Trail Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulhavy, Rachel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1506 California Trail Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieberman, Julie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2404 Wing Point Lane Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovell, Jim	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 16 Bis Rue Du Jeu De Paume Tourves 83170 France		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 01/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matz, Amber	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 445 Whitewing Lane Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parveen, Nassat	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1500 Preston Road, #2214 Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringness, Jesse	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 11201 Alexandria Drive Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jeannette	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3512 Texas 19 Emory, TX 75440		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Rosa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 02/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Rosa	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Simon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Simon	Amount of Contribution (\$) \$66.70
Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Simon	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Luis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8960 Redding Street North Richland Hills, TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soora, Karthik	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2809 Sherwin Street Houston, TX 77007		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 9818 Bell Rock Road Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strawn, Nieves	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1402 Perrin Street Arlington, TX 76010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Michael	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2304 Eldger Drive Plano, TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Angela	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6007 Meadow Crest Drive Dallas, TX 75230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/15	
2 FILER NAME Salinas, Simon		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudry, Shazad	8 Amount of contribution (\$) \$1,438.95	9 In-kind contribution description yard signs and road signs
7 Contributor address; City; State; Zip Code 10443 Lennox Lane Dallas, TX 75229		<input type="checkbox"/> 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) (See instructions)	
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 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karthik, Kelly	Amount of contribution (\$) \$7,500.00	In-kind contribution description campaign consulting
Contributor address; City; State; Zip Code CECS P.O. Box 187 Frisco, TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaman, Nadeem	Amount of contribution (\$) \$7,500.00	In-kind contribution description campaign consulting
Contributor address; City; State; Zip Code CECS P.O. Box 187 Frisco, TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/15
2 FILER NAME Salinas, Simon		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/03/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Karthik, Kelly	9 Loan Amount (\$) \$302.02
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 909 Touchstone Road Frisco, TX 75036	10 Interest Rate 0
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
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		21 Employer (See Instructions)
Date of loan 03/03/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Karthik, Kelly	Loan Amount (\$) \$30.74
Is lender a financial institution? No	Lender address; City; State; Zip Code 909 Touchstone Road Frisco, TX 75036	Interest Rate 0
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 14/15	2 FILER NAME Salinas, Simon	3 Filer ID
4 Date 03/03/2023	5 Payee name Edwards and Patterson Printing	
6 Amount (\$) \$1,007.27	7 Payee address; City; State; Zip Code 203 S. Belt Line Road Irving, TX 75060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 campaign signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/03/2023	Payee name Intellxoft	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 13151 Emily Road Dallas, TX 75240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 digital advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/03/2023	Payee name Sign Express	
Amount (\$) \$302.02	Payee address; City; State; Zip Code 11139 Denton Drive Dallas, TX 75229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 campaign literature
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 15/15	2 FILER NAME Salinas, Simon	3 Filer ID
4 Date 03/20/2023	5 Payee name Smith, David	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 101 E. Park Blvd., Suite 600 Plano, TX 75074	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign finance report preparation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2023	Payee name Texas Democratic Party	
Amount (\$) \$415.00	Payee address; City; State; Zip Code 1106 Lavaca, Suite 100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter file and related services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held