

# 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: <u>6</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs.</u>	FIRST <u>Alma</u>	MI <u>D.</u>
	NICKNAME	LAST <u>Salinas</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2065 S. FM 886 Sullivan City, Tx. 78595</u>		
	Date Received <u>04/25/24</u> <u>AS.</u> <u>3:08 PM</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 595-7849</u>		
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MRS.</u>	FIRST <u>Rosa</u>	MI <u>M.</u>
	NICKNAME	LAST <u>Chapa</u>	SUFFIX
Receipt #		Amount \$	
Date Processed		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1112 Citraland DR. Mission, Tx. 78572</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(956) 232-7888</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 232-7888</u>		
	Date Hand-delivered or Date Postmarked		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	Date Hand-delivered or Date Postmarked		
10 PERIOD COVERED	Month Day Year    Month Day Year <u>03 / 31 / 2025</u> THROUGH <u>04 / 25 / 2025</u>		
	Date Hand-delivered or Date Postmarked		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 03 / 2025</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>Local City Election</u>		
	Date Hand-delivered or Date Postmarked		
12 OFFICE	OFFICE HELD (if any)    OFFICE SOUGHT (if known) <u>Mayor - City of Sullivan</u> <u>Mayor - City of Sullivan City</u>		
	Date Hand-delivered or Date Postmarked		
14 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. 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 <input checked="" type="checkbox"/> GENERAL <u>Alma Dalia Salinas Campaign Fund</u>		
	COMMITTEE ADDRESS <u>2065 S. FM 886 Sullivan City, Tx 78595</u>		
	COMMITTEE CAMPAIGN TREASURER NAME <u>Rosa Maria Chapa</u>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>1112 Citraland DR. Mission, Tx. 78595</u>		
	Date Hand-delivered or Date Postmarked		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

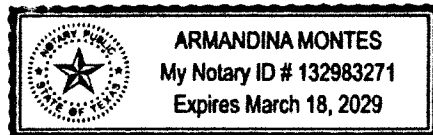
15 C/OH NAME <u>Alma Dalia Salinas</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,500.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>563.23</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,936.77</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Alma Dalia Salinas  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alma D. Salinas this the 25<sup>th</sup> day of April, 2025, to certify which, witness my hand and seal of office.

Armandina Montes Armandina Montes 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

Alma Dalia Salinas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ \$6,500.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ \$563.23

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ \$472.00

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ 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:

2 FILER NAME

Alma Dalia Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/25

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anchor Benefits Group

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City;

State;

Zip Code

2216 Royal Palm DR. Mission, Tx 78572

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/25

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Perdue Brandon Fielder Collins + Mot + LLP

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City;

State;

Zip Code

P.O. Box 2416 McAllen Tx. 78502

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/25

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rene Garza

Amount of contribution (\$)

\$ 5,000.00

Contributor address;

City;

State;

Zip Code

3215 Salvador Ave. Edinburg, Tx 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

## 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.

<b>1</b> Total pages Schedule G:		<b>2</b> FILER NAME <i>Alma Dalia Salinas</i>		<b>3</b> Filer ID (Ethics Commission Filers)																																				
<b>4</b> Date <i>3/18/25</i>		<b>5</b> Payee name <i>Wild Coyote Pizza</i>																																						
<b>6</b> Amount (\$) <i>\$24.35</i> <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <i>239 W. Expwy 83</i> <i>La Joya, TX 78560</i>																																						
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description <i>Food</i>																																					
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																								
Candidate / Officeholder name      Office sought      Office held																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date <i>3/18/25</i></td> <td colspan="5">Payee name <i>Wild Coyote Pizza</i></td> </tr> <tr> <td>Amount (\$) <i>\$52.91</i> <input type="checkbox"/> Reimbursement from political contributions intended</td> <td colspan="5">Payee address; City; State; Zip Code <i>239 W. Expwy 83</i> <i>La Joya, TX. 78560</i></td> </tr> <tr> <td rowspan="2" style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></td> <td colspan="2">Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i></td> <td colspan="3">Description <i>Food</i></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> <td colspan="3"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6" style="text-align: center;">Candidate / Officeholder name      Office sought      Office held</td> </tr> <tr> <td colspan="6">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> </table>						Date <i>3/18/25</i>	Payee name <i>Wild Coyote Pizza</i>					Amount (\$) <i>\$52.91</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>239 W. Expwy 83</i> <i>La Joya, TX. 78560</i>					<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <i>Food</i>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			Candidate / Officeholder name      Office sought      Office held						Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

**The Instruction Guide explains how to complete this form.**

Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 1/1/2025