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: 7

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: Alma | MI: D.
NICKNAME | LAST: Salinas | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Sullivan City, | STATE: Tx | ZIP CODE: 78595
☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (956) | PHONE NUMBER: 595-7849 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: Rosa Chapa | MI: M.
NICKNAME | LAST: Chapa | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: DR | CITY: Mission | STATE: Tx | ZIP CODE: 78572

8 CAMPAIGN TREASURER PHONE
AREA CODE: (956) | PHONE NUMBER: 222-4888 | EXTENSION

OFFICE USE ONLY
Date Received: 04/08/25 A.S.
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

9 REPORT TYPE
☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 01/01/2025 THROUGH 03/30/2025

11 ELECTION
ELECTION DATE: Month Day Year: 05/03/25
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description: Local City Election ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any): Mayor - City of Sullivan
13 OFFICE SOUGHT (if known): Mayor - City of Sullivan City

14 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.

☐ Additional Pages

COMMITTEE TYPE: ☒ GENERAL ☐ SPECIFIC
COMMITTEE NAME: Alma Dalia Salinas Campaign Fund
COMMITTEE ADDRESS: [redacted] Sullivan City, Tx. 78595
COMMITTEE CAMPAIGN TREASURER NAME: Rosa Maria Chapa
COMMITTEE CAMPAIGN TREASURER ADDRESS: [redacted] Mission, Tx. 78572

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Alma Dalia Salinas			**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)	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,300.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 4,277.30
	4.	**TOTAL POLITICAL EXPENDITURES**	$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,300.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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 D Salinas

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

ARMANDINA MONTES
My Notary ID # 132983271
Expires March 18, 2029

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Armandina Montes this the 8th day of April, 20 25, 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	20 Filer ID (Ethics Commission Filers)
Alma Dalia Salinas	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10,300.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑	SCHEDULE E: LOANS	$ 10,000.00
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4,277.30
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	$
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	**5** Full name of contributor ☐ out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2-5-25	Alma Dalia Salinas / [redacted] Sullivan City, Tx 78595	$10,000.00	Retired Educator / Sullivan City Mayor	Retired
2-6-25	Mauro Joel Garza / [redacted] Sullivan City, TX 78595	$200.00	Home Builder-Self Emp'd	Garza's Construction Co.
2-6-25	Jaime & Rosa Maria Chapa / [redacted] Mission, Tx 78572	$100.00	Retired Teacher & Retired Secretary	Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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: 1

2 FILER NAME: Alma Dalia Salinas

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $ 10,000.00

5 Date of loan: 2/5/25

7 Name of lender: Alma Dalia Salinas ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): $10,000.00

6 Is lender a financial institution? Y (N)

8 Lender address: [redacted] City: Sullivan City State: TX Zip Code: 78595

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions): Retired Educator

13 Employer (See Instructions): Retired Educator

14 Description of Collateral ☒ none

15 ☑ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☑ not applicable

17 Name of guarantor: N/A

18 Guarantor address; City; State; Zip Code: N/A

19 Amount Guaranteed ($): N/A

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ 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 ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1-2	Alma Dalia Salinas	

4 Date	5 Payee name
1-30-25	HEB

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$190.85	[redacted] Rio Grande City	Rio Grande City	TX	78582

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage

(b) Description: Food, Beverage & Paper Goods - Meeting

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Alma Dalia Salinas | Office sought: City Mayor | Office held: City Mayor

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Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 2-2	**2** FILER NAME Alma Dalia Salinas	**3** Filer ID (Ethics Commission Filers)

4 Date: 1-17-25

5 Payee name: Exclusive Design

6 Amount ($): $4,015.19

7 Payee address: [redacted] Palmview, Tx. 78572 — City: Palmview State: Tx Zip Code: 78572.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertizing Expenses

(b) Description: Bumper stickers, yard signs & Logo shirts for Mayoral Campaign

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: Alma Dalia Salinas — Office sought: City Mayor — Office held: City Mayor

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Date: 1-18-25

Payee name: Jessie's Food Store

Amount ($): $24.74

Payee address: [redacted] City: Sullivan City State: Tx Zip Code: 78595

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food & Beverage Expense - Mtg.

Description: Drinks

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: Alma Dalia Salinas — Office sought: City Mayor — Office held: City Mayor.

Date: 1/ /25

Payee name: Wild Coyote Pizza

Amount ($): $46.52

Payee address: [redacted] City: Wa Joya, Tx. State: Zip Code: 78560

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food & Beverage Expense Meeting

Description: Food and Drinks

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: Alma Dalia Salinas — Office sought: City Mayor — Office held: City Mayor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED