CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR GALLISA NICKNAME GALLISA LAST	MI	OFFICE USE ONLY Pale Received EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX: APT / SUITE #; BOS N. GYEGG BIG AREA CODE PHONE NUMBER (432) 464 513 MS / MRS / MR NICKNAME CLAST	Spring X 79700 EXTENSION MI SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
7 CAMPAICN	STREET ADDRESS (NO PO BOX PLEASE): APT / S	SUITE #; CITY;	Date Imaged STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	803 N. Gregg K	Sia Sprina	IX 49720
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (432) 466 5113	EXTENSION	
9 REPORT TYPE	January 15 30th day before elements 30th day b		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 2 Month	24 / W
11 ELECTION	BLECTION DATE Month Day Year General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	missioner Pct.1
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			1			
14 C/OH NAME	dilisa	Sala	livar		15 Filer II	O (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	NDATE / OFFICEHOL NSENT, CANDIDATI	LDER. THESE EXPENDI	URES MAY HAVE BEEN MAD	E WITHOUT THE	DE BY POLITICAL COMMITTEES TO CANDIDATE'S OR OFFICEHOLDER'S TION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NA				
Additional Pages		COMMITTEE CA	AMPAIGN TREASUREF	NAME		
: 		COMMITTEE CA	AMPAIGN TREASURE	R ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	ES, LOANS, OR	POLITICAL CONTR R GUARANTEES OF DE ELECTRONICAL		AN	s ()
	· ·		ONTRIBUTIONS ES, LOANS, OR GU	ARANTEES OF LOANS	5)	s 500 <u>00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				\$ (
	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 5000				s 50000	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				\$ Ø	
I wear, or affirm, under denalty of perjuty, that the accompanying report is rue and correct and in addes all information required to be reported by me under Title 15, affection Code. My Notary ID # 128708503 Expires December 15, 2023						
AFFIX NOTARY STAM	P/SEALABOVE			Signature of C	Candidate or	Officeholder
Sworn to and subscribed before me, by the said Loldwar Laldwar, this the 24						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

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21	JB	U	IA	LS	 ,/U	П

FORM C/OH COVER SHEET PG 3

19	FILER NAME YADISA SUDIYA	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 500 pc
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		2 (X
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ ()
4.	SCHEDULE E: LOANS		\$ ()
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	* Ø
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s (
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 💆
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ \(\)
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ (2)
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	\$
			

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	addilisa Saldiva	Y	3 Filer ID (Ethics Commission Filers)
2 2 1 W	5. Full name of contributor out-of-state PAC G Contributor address; City; G Contributor ACC G Contributor ACC G Contributor ACC G Contributor City;	State; Zip Code	7 Amount of contribution (\$) 500. 00
8 Bringipal occu	pation / Job title (See Instructions)	9 Employer (Specifinstructi	ons)
Date	Full name of contributor out-of-state_PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAG) (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Insti		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Amount of 5 Date 6 Full name of contributor ut-of-state PAC (ID#:_ Contribution \$... description 7 Contributor address; City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 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) Amount of In-kind contribution Date Contribution \$ description Contributor address; State: Zip Code 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 job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEC	GED CONTRIBUTIONS		SCHEDULE B
1	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule B:
2 FILER NAI	ME GALLISA SALDIVAY	3 Filer ID (Ethics	Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		· · · ·
		Check if travel out	side of Texas. Complete Schedule T.
10 Principal o	eccupation / Job title (See Instructions) 11 Employer (Se	e Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel out	side of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (See Instructions) Employer (Se	ee Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City, State; Zip Code		·
		Check if travel out	side of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions) Employer (Se	ee Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel out	side of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (See Instructions) Employer (Se	ee Instructions)	
	<u> </u>		
			. <u>.</u> .
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see Instruction guide fo		g requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	adilisa Saldiv	ar	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupa	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	<u> </u>	1 2	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

POLITICAL EXPENDITURES MADE 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selected Mesons Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	Vages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	aldivar	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(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	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	
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				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name State: Zip Code 8 Payee address; City; 7 Amount (\$) 9 TYPE OF Non-Political Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name Date State; Zip Code Amount (\$) Payee address; City; TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete **ONLY** if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	radilisa Saldivar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code :
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	····	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

h						
	EX	(PENDITURE CAT	EGORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event E Fees Food/B y Gift/Aw al Committee Legal S	Expense everage Expense ards/Memorials Expense services	Loan Repay Office Overl Polling Exp Printing Exp Salaries/We	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME	YAAI ISI	1 54	divar	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDIT	TURES CHARGI	EDTOACR	EDIT CARD	\$	
5 Date	6 Payee name				I.	
7 Amount (\$)	8 Payee address	s;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political		Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Ca	ategories listed at the top of	this schedule)	(b) Description		
	(C) Check if	travel outside of Texas, Comp	lete Schedule T.	Check if Au	ustin, TX, officeholder fivin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Of	fice sought	Office h	eld
Date	Payee name					
Amount (\$)	Payee address	s;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top o	f this schedule)	Description		
EXPENDITURE	Check if	travel outside of Texas. Comp	olete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Of	fice sought	Office h	eld
-	ДТТАСН АОГ	DITIONAL COPIE	S OF THIS S	CHEDUI F AS NE	EDED	
	AT IAUT AUL	JI I I GRAL OUT IE	- UI IIIU U			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City: State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pavee address: Zip Code Amount (\$) City; State: Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct

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expenditure to benefit C/OH

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services The Instruction (ies/Wages/Contract Labor to complete this form.	Other (enter a categor	ry not listed above)
1 Total pages Schedule H:	2 FILER N		SA SA	Idivar	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name		100		
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at	the top of this schedule)	(b) Description		
	(c)	Check if travel outside of Tex	cas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder n	name	Office sought	1	Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at	the top of this schedule)	Description		
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder n	ame	Office sought	(Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at	the top of this schedule)	Description		
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Au	ustin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder n	ame	Office sought	ı	Office held
	ATT.	ACH ADDITIONAI	L COPIES OF TH	IS SCHEDULE AS NI	EEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

1 Total pages Schedule : 2 FILER NAME Quality State Vip Code 4 Date 5 Payee name 5 Payee address: City State Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable Categories.) Date Payee address: City State Zip Code PURPOSE OF EXPENDITURE Categories.] Category (See instructions for examples of acceptable Categories.) Date Payee address: City State Zip Code PURPOSE Category (See instructions for examples of acceptable Categories.) Date Payee address: City State Zip Code PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable Categories.) Date Payee address: City State Zip Code PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable Categories.) Date Payee address: City State Zip Code PURPOSE CATEGORY (See instructions for examples of acceptable Categories.) Category (See instructions for examples of acceptable Categories.) Category (See instructions for examples of acceptable Categories.) Date Payee address: City State Zip Code PURPOSE Category (See instructions for examples of acceptable City City State Zip Code PURPOSE Category (See instructions for examples of acceptable City City State Zip Code PURPOSE Category (See instructions for examples of acceptable City City State Zip Code		The Instruction Guide explains how to con	nplete this form.
6 Amount (s) 7 Payee address: City State Zip Code 8 PURPOSE EXPENDITURE (a) Category (see instructions for examples of acceptable required.) Date Payee name Amount (s) Payee address: City State Zip Code Category (see instructions for examples of acceptable required.) Date PURPOSE OF EXPENDITURE Category (see instructions for examples of acceptable required.) Description (see instructions regarding type of information required.) Date Payee name Amount (s) Payee address: City State Zip Code Category (see instructions for examples of acceptable required.) City State Zip Code Purpose OF Category (see instructions for examples of acceptable required.) City State Zip Code Purpose Categories.) Date Payee name Category (see instructions for examples of acceptable required.) City State Zip Code Purpose Categories. City State Zip Code Purpose Categories. City State Zip Code Purpose Categories.	1 Total pages Schedule i:	2 FILER NAME GALISA SA	3 Filer ID (Ethics Commission Filers)
8 PURPOSE OF EXPENDITURE Date Payee name Category (See instructions for examples of acceptable categories). Payee address: City State Zip Code Payee name Category (See instructions for examples of acceptable of acceptable categories). Payee address: City State Zip Code Purpose Expenditure Date Payee name Amount (\$) Payee address: City State Zip Code Description (See instructions regarding type of information required.) Payee address: City State Zip Code Description (See instructions regarding type of information required.) Purpose Category (See instructions for examples of acceptable of acceptab	4 Date	5 Payee name	
PURPOSE OF EXPENDITURE Date Payee name City State Zip Code Amount (\$) Payee address: City State Zip Code Category (See instructions for examples of acceptable categories.) Date Payee address: City State Zip Code Category (See instructions for examples of acceptable categories.) Category (See instructions for examples of acceptable categories.) City State Zip Code Purpose Category (See instructions for examples of acceptable categories.) City State Zip Code Purpose Category (See instructions for examples of acceptable categories.) City State Zip Code Purpose Category (See instructions for examples of acceptable categories.)	6 Amount (\$)	7 Payee address;	City State Zip Code
Amount (\$) Payee address: City State Zip Code PURPOSE OF EXPENDITURE Date Payee name Amount (\$) Payee address: City State Zip Code Category (See instructions for examples of acceptable required.) Date Payee name City State Zip Code PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable required.) Date Payee address: City State Zip Code PURPOSE OF EXPENDITURE Categories.) Category (See instructions for examples of acceptable required.) Date Payee name Amount (\$) Payee address: City State Zip Code PURPOSE Categories.) Category (See instructions for examples of acceptable required.) Date Payee name City State Zip Code	OF		
PURPOSE OF EXPENDITURE Date Payee name Category (See instructions for examples of acceptable required.) Payee address: City State Zip Code Purpose of acceptable required.) Date Payee address: Category (See instructions for examples of acceptable required.) Date Payee name Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.) Date Payee name Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.) Date Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.)	Date	Payee name	
PURPOSE OF EXPENDITURE Date Payee name Amount (\$) Payee address; City State Zip Code Purpose Of Expenditure Category (See instructions for examples of acceptable required.) Date Payee name Categories.) Payee address; City State Zip Code Categories.) Description (See instructions regarding type of information required.) City State Zip Code Date Payee name City State Zip Code Purpose Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.)	Amount (\$)	Payee address;	City State Zip Code
Amount (\$) Payee address; City State Zip Code Purpose OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.) Payee name City State Zip Code Description (See instructions regarding type of information required.) Payee address; City State Zip Code Purpose Category (See instructions for examples of acceptable categories.)	OF		
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Date Payee name Amount (\$) Payee address; City State Zip Code Purpose Category (See instructions for examples of acceptable OF Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.)	Amount (\$)	Payee address;	City State Zip Code
Amount (\$) Payee address; City State Zip Code Purpose Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)	OF		
PURPOSE Category (See instructions for examples of acceptable categories.) Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.)	Date	Payee name	
PURPOSE categories.) required.) OF	Amount (\$)	Payee address;	City State Zip Code
	OF		

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	1 Total pages Schedule K:						
2 FILER NAME	2 FILER NAME CALLISA SALALVAY 3 Filer ID (Ethic						
4 Date	5 Name of person from whom amount is received	8 Amount (\$)					
	6 Address of person from whom amount is received; City; Sta	te; Zip Code					
	7 Purpose for which amount is received	political contribution returned to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; Sta						
	Purpose for which amount is received	political contribution returned to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; Star	ne; Zip Code					
	Purpose for which amount is received Check if	political contribution returned to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code					
	Purpose for which amount is received Check if political contribution retu						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

			Ar.							
	IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T									
The Instruction Guide explains how to complete this form.						1 Total pages Schedule T:				
2	FILER NAME	FILER NAME SALVAY					3 Filer ID (Ethics Commission Filers)			
4	Name of Contributor	butor / Corporation or Labor Organization / Pledgor / Payee								
5	Contribution / Expend	liture reported	on:							
	Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
6	Dates of travel	travel 7 Name of person(s) traveling								
		8 Departure city or name of departure location								
		9 Destination city or name of destination location								
1	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)									
	Name of Contributor	/ Corporation o	or Labor O	rganization / Pledgor /	Payee					
	Contribution / Expend	diture reported	on:							
	Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
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	Means of transporta	tion	Purpose of travel (including name of conference, seminar, or other event)							
	Name of Contributor	/ Corporation (or Labor C	Organization / Pledgor	/ Payee					

Contribution / Expenditure reported on: Schedule C2 Schedule D Schedule F1 Schedule B(J) Schedule B Schedule A2 Schedule COH-UC Schedule G Schedule H Schedule B-SS Schedule F2 Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 1/1/2020 www.ethics.state.tx.us Forms provided by Texas Ethics Commission