STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruc	tion Guide explains how to complete this form. 1 Filer (Ethics	ID Commission Filers)	2 Total pages filed:
3 CANDIDATE NAME	MS/MRS/MR GAMISA	\mathcal{K}	OFFICE USE ONLY
	NICKNAME SALAST.	SUFFIX	Date Received
4 CANDIDATE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: BOB N. Gregg, Big Spring, TX 70	7720	Jod Dul
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENS (432) 213-5461	SION	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MG. NICKNAME PLAST	SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY:	STATE: 197 <i>1</i> 0	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENS 432) 213-5461	SION	
9 REPORT TYPE	January 15 30th day before convention / election July 15 8th day before convention / election	V	Runoff Final report (Attach SC C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month /2	3/WW
11 CONVENTION / ELECTION DATE	Month Day Year 12 OFFICE SOUGH COMMISSIONE FIELD ON	γ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE CHAIR COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Ap)	plicable)	
	Howard County / Ro	epubli	can Party
	GO TO PAGE 2		

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

	A 1 1	- North-Control - Control		
14 CANDIDATE NAME	gadili sa	Sadivay	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice made without the calculations such expenditures.	e of political expenditures by political committees to support the indidate's knowledge or consent. Candidates are required to rep	candidate. These expenditures may have been out this information only if they receive notice of	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	* Ø	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	, \$ 4	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURES	\$ Ø	
	4. TOTAL	POLITICAL EXPENDITURES	\$ Ø	
CONTRIBUTION BALANCE	1 '	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA REPORTING PERIOD	ST DAY \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (AY OF THE REPORTING PERIOD	SF THE \$ \$	
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 My Notary ID # 128708503 Expires December 15, 2023 Signature of Candidate				
Sworn to and subscribed before me, by the said Eddillsa Saldivar Ray this the 23 rd				
day of Jove	Moer Your	_, 20 de , to certify which, witness my hand	A Mary P. Ablic	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME QUALIFIED (Eth.	ics Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ Û
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s <i>(</i>
4.	SCHEDULE E: LOANS	\$ ()
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	ş ()
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	, ₂ & Ø

MONETARY POLITICAL CONTRIE	BUTIONS SCHEDULE A1
The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A1:
2 FILER NAME CALLES	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (I 6 Contributor address; City; State;	
8 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (I	Amount of contribution (\$) Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor	Amount of contribution (\$) Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributorout-of-state PAC (I Contributor address; City; State;	Amount of contribution (\$) Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ In-kind contribution Date 6 Full name of contributor out-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/how 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 out-of-state PAC (ID#: Date Full name of contributor Contribution \$ description City State: Zip Code Contributor address; 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) aw 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.

PLED	GED CONTRIBUTIONS		SCHEDULE B
т	he Instruction Guide explains how to complete this form.	1 Total pages Sched	ule B:
2 FILER NAM	AE GADIISA SALDIVAY	3 Filer ID (Ethics C	ommission Filers)
4 TOTAL C	OF UNITEMIZED PLEDGES	\$	
Date	6 Full name of pledgor □ out-of-state PAC (ID#:) 8 Amount of Pledge \$	9 In-kind contribution description
10 Principal of	ccupation / Job title (See Instructions) 11 Employer (Check if travel outsi	de of Texas. Complete Schedule T.
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 outsi	de of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of pledgor) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· · · · ·
		Check if travel outsi	de of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	Charle if trough hatei	de of Texas. Complete Schedule T.
Principal of	ccupation / Job title (See Instructions) Employer (See Instructions)	de di texas. complete scriedale i.
	ATTACH ADDITIONAL COPIES OF THIS SCHED		requirements.

Forms provided by Texas Ethics Commission

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Revised 1/1/2020

LOANS			SCHEDULE E
The	Instruction Guide explains how	to complete this form.	1 Total pages Schedule E:
2 FILER NAME	adilisa da	Idivar	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS	D N/A	\$
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
У И			11 Maturity date
12 Principal occupat	Job title (See Instructions)	13 Employer (See Instructions	s)
14 Description of Co	lateral	15 Check if personal funds we (See Instructions)	ere deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupa		City; State; Zip Code 21 Employer (See Instructions	s)
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
ls lender a financial institution?	Lender address;	City; State; Zip Code	Interest rate
Y N			Maturity date
	ion / Job title (See Instructions)	Employer (See Instructions	s)
Description of Co	lateral	Check if personal funds we (See Instructions)	en deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Angount Guaranteed (\$)
	Guarantor address;	City; State; Zip Code	
not applicable			
Principal Occupa	tion (See Instructions)	Employer (See Instructions	s)
16		ONAL COPIES OF THIS SCHEDULE AS	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense				
# T)		3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1:	2 FILER NAME YAANGA SO	LINIVAY SPHER ID (EURICS COMMISSION PRIES)		
A Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Jaio				
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
5410				
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Sociedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Event Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee 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 Qate 6 Payee name 7 Amount (3) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip 🖎 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date Žip Code City; 6 Address of person from whom investment is purchased; State; 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; State: Zip Code Description of investment Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donation

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitatior/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out O'r District

Candidate/Officeholder/Politica				
The Instruction Guide explains how to complete this form.				
Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ NA			
5 Date	6 Payee name			
7 Ameunt (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF	Check if Austin, TX, officeholder living expense			
EXPENDITURE				
11 Complete ONLY if direct Candidate Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Steck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
<u> </u>	Povined 1/1/202			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expen Legal Services The Instruction Guide e	Office O Polling E nse Printing Salaries	payment/Reimbursement vertread/Rental Expense expense Expense Wages/Contract Labor complete this form.	Transportation Travel In Distri Travel Out Of I Other (enter a	
1 Total pages Schedule H:	2 FILER N	IAME GADIS	a Si	aldwar	3 Filer ID (E	Ethics Commission Filers)
4 Date	5 Business	s name				
Amount (\$)	7 Business	s address; City; Stat	te; Zip Code			
8	(a) Categor	y (See Categories listed at the top of	of this schedule) (L) Description		
PURPOSE					tside of Texas. Complete S	ichedule T.
OF					TX, officeholder living	
EXPENDITURE			1	LLLI OHECK II AUSTIN,	,, omoernider living	
Complete ONLY if direct expenditure to benefit C/O		date Officeholder name		Office sought		Office held
Deta	D!-	a name				
Date	Business	o name				
•						
Amount (f)	Rusinos	s address; City; Stal	ne: Zip Code			
Amount (\$)		o accordes, Oily, Stat	-ib 0006			
	C=	J (Con Cotoonies Board - A.)	of this ashadul-1	Description		
	Category	y (See Categories listed at the top of	or una surredule)	Description	utal seri	Sebadulo T
PURPOSE					tside of Texas. Complete S	
OF EXPENDITURE				L Theck if Austin, T	TX, officeholder living expe	ense
				\		
				-		Office hald
Complete ONLY if direct		date / Officeholder name		Office sought		Office held
expenditure to benefit C/O	rH .			\		
					\	
Date	Busines	s name				
					\	
Amount (\$)	Rusinas	s address; City; Sta	te; Zip Code			
rational (V)	2001108	Ony, Old	, +500			
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j	į				\	
	Categora	y (See Categories listed at the top	of this schedule)	Description	,,	\
	Jalegor	2 (455 percentages on the toh.			tside of Texas. Complete S	Schedule T.
PURPOSE					, TX, officeholder living	\
OF EXPENDITURE				CHECK IS AUSTIN,	TA, GENCERGIGET BYING	
<u>.</u>						\
		data / Chesia-la-6		Office course		Office held
Complete ONLY if direct		date / Officeholder name		Office sought		Onice Heid
expenditure to benefit C/O				<u></u>		
						
			NEG 6=	COMERNIA E 1011	IEEDED	
	AT	TACH ADDITIONAL COP	MIES OF THIS	SUMEDULE AS N	ICENCU	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule 1:	2 FILER NAME GALLISA SAL	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 instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
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.)	
Date	Payee name		
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.)	
Date	Payee name		
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.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	Yadilisa Saldivar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	; Zip Code
	7 Rurpose 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; State	; Zip Code
	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; State;	; 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; State	p; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) A Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule A2 Schedule B Schedule B(J) __ Schedule C2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H Schedule Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule B Schedule B(J Schedule C2 Schedule A2 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H 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 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B(J) Schedule F1 Schedule B Schedule C2 Schedule Schedule A2 Schedule CON-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

STATE/COUNTY CHAIR REPORT: DESIGNATION OF FINAL REPORT

SCHEDULE SC C/OH - FR

	The Instruction Guide explains how to complete this Complete only if "Report Type" on page 1 is marked "Final	
CANDIDA	TENAME LICIISA SULIVAY	2 Filer ID (Ethics Commission Filers)
SIGNAT	URE	
		paign treasurer appointment. I also
CAMPA	IGN FUNDS AND ASSETS	0
	CAMPAIGNITINGS	
A.	CAMPAIGN FUNDS	
Cneck	only one:	
×	I do not have unexpended contributions or unexpended interest or income earn	ed from political contributions.
	I have unexpended contributions or unexpended interest or income earned from that I may not convert unexpended political contributions or unexpended into contributions to personal use. I also understand that I must file an annual report that I may not retain unexpended contributions or unexpended interest or inco longer than six years after filing this final report. Further, I understand that I m contributions and unexpended interest or income earned on political cor requirements of Election Code, § 254.204.	erest or income earned on political ort of unexpended contributions and me earned on political contributions lust dispose of unexpended political
В.	ASSETS	
Check	only one:	
A	I do not retain assets purchased with political contributions or interest or other i	income from political contributions.
	I do retain assets purchased with political contributions or interest or other in understand that I may not convert assets purchased with political contribution political contributions to personal use. I also understand that I must dispose contributions in accordance with the requirements of Election Code, § 254.204.	ons or interest or other income from

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:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR G d FIRST	V V	OFFICE USE ONLY
NAME	NICKNAME SALASIVAY	SUFFIX	Date Received 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Acc	Spring, TX 79726	John John
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (432) 466-5113	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Mrs. Gallisa	M.K	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Kay		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), JAPT / SL	Spring, TX 70	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 3	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical Strain Branch		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year 20 20
11 ELECTION	Month Day Year Primary 3 / 20 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	County Con	missioner
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Δ		Λ Λ .					
14 C/OH NAME	dilisa	Jaldivar	15 Filer	ID (Ethics Commission Filers)			
16 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.						
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS					
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	THAN	\$ Ф			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LO.	ANS)	\$ Ø			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.						
<u></u>	4. TOTAL	POLITICAL EXPENDITURES		\$ 1,735.78			
CONTRIBUTION BALANCE	-	POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH ORTING PERIOD	E LAST DAY	\$ Ф			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
Expl	DIANNA YANEZ Notery ID # 128708503 res December 15, 202	true and correct and include: under Title 15, Election Code	es all information	nat the accompanying report is prequired to be reported by me			
Sworn to and subsc	ribed before me, I	by the said <u>Eddi Lisa</u> Saldiv	7	, this the $26^{-\text{th}}$			
Lang Of OCTOBET, 20 20, to certify which, witness my hand and seal of office. Liang Vary Diang Variat Votatu Public							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

	SUBTUTALS - CIVIT	ORM C/OH HEET PG 3
19	FILER NAME GOOD SALE SALE SALE SALE SALE SALE SALE SALE	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ (
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	2 Q
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	2 Ø
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s (
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	2 (
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,735.78
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s (7)
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s (Ž)
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s ф

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME	gadilisa K Saldivai	Y	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (NA 6 Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor	(ID#	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address. City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF		

	RIBUTIONS	CAL	SCHEDULE A2
TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	= Gddisa K. Saldivar		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	s NA
5 Date	6 Full name of contributor uut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribe	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J	
. /	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	ULE AS NEEDED
	If contributor is out-of-state PAC, please see Instruct		

PLED	GED CONTRIBUTIONS		SCHEDULE B
Th	e Instruction Guide explains how to complete this form.	1 Total pages Sched	lule B:
2 FILER NAM	Egadilisa K Saldivar	3 Filer ID (Ethics (Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES NA	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outs	side of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions) 11 Employer	(See Instructions)	
Date	Full name of pledgor	Amount of Pleage \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	•	
		Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	 Đ	•
		Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	supation / Job title (See Instructions) Employer	(See 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 outs	ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions) Employer	(See Instructions)	
		FOULE AG NEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SCH f contributor is out-of-state PAC, please see Instruction guide		requirements.

	. 20		
LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	adilisa K. Sald	IVAY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		* NA
5 Date of loan	7 Name of lender out-of-state I	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	15 Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
☐ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	<u> </u>
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Description of Coll	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Employer (See Instructions)	
Principal Ocoupat	ion (See Instructions)	Employer (See instructions)	
lf le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	



SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Sa	alaries/Wages	/Contract Labor	Other (enter a catego	ory not listed above)	
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER N	AME GADIN	sa K	Sala	livay	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee na	me NA	• • •					
6 Amount (\$)	7 Payee ad	dress;			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 1	Texas. Complete Schedu	ule T.	Check if Austin	, TX. officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder r	name		Office sought		Office held	
Date	Payee na	me						
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this school	lule)	Description			
		Check if travel outside of 1	reyras. Complete Schedu	ule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	iame		Office sought		Office held	
Date	Payee na	nme						
Amount (\$)	Payer ac	dress;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this sched	lule)	Description			
		Check if travel outside of 1	exas. Complete Schedu	ule T.		, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name		Office sought		Office held	
	AT	TACH ADDITION	AL COPIES OF	THIS SC	HEDULE AS NEE	DED	Povised 4/4/2020	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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 \$ 6 Payee name 5 Date State: Zip C 7 Amount (\$) 8 Payee address; City; €de 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. 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 Zip Code Amount (\$) Payee address; City; State: TYPE OF Non-Political Politica EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	HASE OF INVESTMENTS MADE M POLITICAL CONTRIBUTIONS	SCHEDULE F3
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	MEGADINSA KINDINAY	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;	City; State; Zip Copte
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purphased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
		
L. I.	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Code 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 Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Amount (\$) Pavee address: TYPE OF Non-Political **Political EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi					
Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME CAMISA SALOWAY 3 Filer ID (Ethics Commission Filers)				
4 Date 9 12 120	5 Payee name MHO (INTAINORS				
6 Amount (\$) 420.00	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	70 Talamine Court Colorado Springs, CO 80907				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	MANEY 11SING 9XDEVISE 202. Clear bottles				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gandidate / Officeholder name Office sought Office held WA				
8 30 20	Provee name VYIME 900 GYOUP				
Amount (\$) 250.00	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	1901 Bell Dr. Big Spring, TX 79720				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if traveloutside of Texas. Complete Schedule T. Description Description Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/G	OH Gandidate / Officeholder name . Office sought Office held NA				
9/12/10	Payee name ###				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	900 E. FM 700 Big Spring, TX 79720				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WENT SING EXPENSE Description Description				
	Check if travehoutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gardidate / Officeholder name Office sought Office held NA WAIVAY HOLO CMNY Pet 1 NA				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

								
		EXPENDIT	URE CATEG	ORIES	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori		Office Over Polling Exp Printing Exp	pense	Transpor Travel In		g Expense ent & Related Expense
Candidate/Officeholder/Politi Credit Card Payment	cal Committee	Legal Services The Instruction	Guida avalaine		ages/Contract Labor implete this form.	Other (e	nter a categor	y not listed above)
	,	- <i>(</i>) + + + -	Oulde explains	s now to co	imprete this form.			
1 Total pages Schedule G:	2 FILER NA	90011	SAK	Sul	divar	3 Filer	ID (Ethics	Commission Filers)
18/22/20	5 Payee nar	almart						
6 Amount (\$) 67.76	7 Payee add	dress;	•	•	City;		State;	Zip Code
Reimbursement from political contributions intended	201 W	. Marcy	<u>Dr.</u>	<u> Vaa</u>	Spring	1 1X	797	W
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed)	authe top of this scr	redule)	(b) Description	Str	ùS	
	(c)	Check if travel outside of T	exas. Complete Sche	edule T.	Check if Aus	stin, TX, officeh	older living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Liddili	ate / Officeholder	divar	to C	office sought	ct1		Office held NA
Date 10 28 20	Raylee nar	h Sia	le M	over	nent			•
Amount (\$) (10,00	Payee add	dress;	" - 1 . 12.	•	City;		State;	Zip Code
Reimbursement from political contributions intended	1605 N	. Main R	tar, Bi	a Sp	ring, 7	77 7	9720	
PURPOSE OF EXPENDITURE	A AVEY	(See Categories listed	at the top of this sol	hedule)	Description	1 Sìo	INS	
		Check if travel outside of 1	exas. Complete Sch	edule T.	Check if Ab	elin, TX, officer	lder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder	name	C	Office sought		,	Office held
Date	Рауее паг	ne						
Amount (\$)	Payee add	tress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this sch	nedule)	Description			:
		Check if travel outside of T	exas. Complete Scho	ediule T.	Check if Au	stin, TX, officeh	older living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder	name		Office sought			Office held
	ATTA	CH ADDITIONA	L COPIES OF	THIS SC	HEDULE AS NEE	EDED		

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made		Printing Expense	Travel Out Of District
Candidate/Officeholder/Politi	cal Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule H:	2 FILER NAME GUALISA	Saldivar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	(b) Description	
	(c) Check if travel outside of Texas. Complete Sched	tule T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	eity;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	
EXPENDITORE	Check if travel outside of Texas. Complete sched	Mule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	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 sche	edule) Description	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	FTHIS SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule I:	2 FILER NAME (MILLS)	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 instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)							
Date	Payee name								
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.)							
Date	Payee name								
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.)							
Date	Payee name								
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.)							
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED							

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

SCHEDULE K

	Leaders Alexander Could a supplementation of the company of the country of the co	1 Total pages Schedule K:						
	Instruction Guide explains how to complete this form.							
2 FILER NAME	iddilisa K Saldivar	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Name of person from whom amount is received	8 Amount (\$)						
	NIA							
	6 Address of person from whom amount is received; City; State; Zip Code							
	7 Purpose for which amount is received							
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 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							
	, and a second s							
	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; St.							
	Purpose for which amount is received	political contribution returned to filer						
								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
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IN-KIND CO FOR TRAVE				TICAL EXPE	ENDITURES	SCHEDULE T		
The Instru	uction Guide	explains	how to complete	this form.	1 Total pages Schedul	e T:		
2 FILER NAME GOLD IS I					3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	r/Payee	<u> </u>			
5 Contribution / Expend	liture reported	l on:						
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F		
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH	UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling							
	8 Departure city or name of departure location							
	9 Destination city or name of destination location							
10 Means of transportat	10 Means of transportation							
			-					
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	r / Payee				
Contribution / Expend	diture reported	d on:						
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH	UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
	Destination city or name of destination location							
Means of transportation Purpose of Travel (including name of conference, seminar, or other event)								
Name of Contributor	/ Corporation	or Labor	Organization / Pledgo	r / Payee				
Contribution / Expend	diture reported	i op.						
Schedule A2	Schedu	ев [Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-U	Schedule B-SS		
Dates of travel	Name o	f person(s) traveling					
Departure city or name of departure location								
	Destina	tion city or	name of destination	location				
Means of transportat	tion	Purp	ose of travel (including	ng name of conference	, seminar, or other event)			
	A	TTACH A	DDITIONAL COPIE	S OF THIS SCHEDU	ILE AS NEEDED			