CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST 141 3 CANDIDATE/ HS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** MR **OSCAR** NAME Date Received NICKNAME LAST OKIE SALINAS RECEIVED ADDRESS / PO BOX: 4 CANDIDATE/ APT / SUITE #: CITY: STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** TX 78516 P O Box 1101 Alamo Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (956) 467-9776 PHONE Receipt # Amount \$ MS / MRS / MR FIRST M 6 CAMPAIGN **TREASURER** Ms. Ramona G Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Barron STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE: ZIP CODE 7 CAMPAIGN TREASURER 1127 Ortega Circle Alamo TX 78516 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION **8** CAMPAIGN TREASURER PHONE 821-1128 956 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day COVERED 25 26 / 25 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Dav Year Description **8-DAY BEFORE ELECTION REPORT 2025** 25 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Commissioner, Pl. 1 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	und das Automotics activitation of the Commission of the Commissio			
15 C/OH NAME	MR. OSCAR "OKIE" SALINAS	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,074.48		
CONTRIBUTION BALANCE	5. IDTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00		
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information		
9		£ 0		
	/	D60		
	Signature of Car	adidate or Officeholder		
	Signature of Call	ididate di Officerioidei		
	Please complete either option below	:		
	Tabliff.			
	ANA MARIA GARZA Notary Public, State of Texas			
(1) Affidavit	Comm. Expires 05-05-2027			
	Notary ID 134345537			
91==1==\\.				
NOTARY STAMP/SEA		not 11 1		
Sworm to and subscribed before me by USCA, alina this the May of Uctobin.				
20 1 to certify which, witness my hand and seal of office.				
Col Jarea (this ecretary				
Signature of officer administr	ering oath Pfinted name of officer administering oath	Tille of officer administering oath		
OR				
(2) Unsworn Declarati	on			
My name le	, and my date of birth is			
(A) temperatural and te		•		
My address is		ate) (zip code) (country)		
Evenuted in				
Executed to	County, State of, on the day of(month)	20 (year)		
	Signature of Candida	ate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME OSCAR OKIE SALINAS 20 Filer ID (Ethics Cor	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO.	NTRIBUTIONS \$ 2,074.48
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 FUN	IDS \$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$

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 C

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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 3	2 FILER NAME OSCAR OKIE SALINAS		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/24/2025	5 Payee name El Dorado				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
24.31	755 Main St.	Alamo	TX	78516	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	food/beverage expense	campaign mee	ampaign meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense	
9 Complete ONLY if direct Candidate / Officeholder name Office soug expenditure to benefit C/OH		Office sought	Office held		
Date	Payee name	**************************************			
10/24/2025	Lone Star National Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
12.00	600 E. Nolana 78504	McAllen TX		TX	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Banking expense	fees	e		
OF EXPENDITURE				0	
	Check if travel outside of Texas. Complete Schedule T.	te Schedule T. Check if Austin, TX, officeholde		ilder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date	Payee name				
10/23/2025	Judge Albert Garcia Campaign				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,500.00	100 N. Closner	Edinburg	TX	78539	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	donation by candidate	event sponsors	hip		
OF EXPENDITURE					
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living e			expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held				Office held	
expenditure to benefit C/OH					
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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/FundralsIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Lebor complete this form.	Other (enter a categorial	ory not fisted above)	
1 Total pages Schedule F1: 3	1: 2 FILER NAME OSCAR OKIE SALINAS 3 FILER ID			(Ethics Commission Filers)	
4 Date 10/14/2025	5 Payee name 7 Eleven				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
48.17	907 S. Alamo Rd	Alamo	TX	78516	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	food/beverage expense	campaign me	meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	ht Office held		
Date	Payee name				
10/08/2025	Ronnie Calderon				
Amount (\$)	Payee address;	City;	State;	Zip Code	
40.00	1229 W. Austin Ln.	Alamo	TX	78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation by candidate	benefit BBQ			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH				Office held	
Date	Payee name	Virialism			
10/06/2025	Isaac Garcia				
Amount (\$)	Payee address;	City;	State;	Zip Code	
250.00	421 W. Arapaho Ave.	Pharr	TX	78577	
111111111111111111111111111111111111111	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	donation by candidate	benefit BBQ			
	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/Conations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	not listed above)	
1 Total pages Schedule F1: 3	2 FILER NAME OSCAR OKIE SALINAS		3 Filer ID (Ethics Commission Filers)		
4 Date 09/30/2025	5 Payee name Alamo Chamber of Commerce				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
100.00	803 Main St.	Alamo	TX	78516	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	donation by candidate	sponsorship			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	nt Office held		
Date	Payee name				
09/30/2025	Jorge Alvarado			700.400	
Amount (\$)	Payee address;	City;	State;	Zip Code	
100.00	1430 Paseo del Sol	Alamo	TX	78516	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	contract labor	campaign labo	or		
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	eck 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		3000		
				·	
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedute)	Description			
SHARE THE STORY OF THE STORY	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	C	ffice held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					