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. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Mr. Johnny

NAME	NICKNAME LAST SUFFIX Salazar ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 205 Maske Rd, Somerset, Tx 78069
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 205 Maske Rd, Somerset, Tx 78069
Change of Address	E portonia
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Pale Postmarked ()
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$ Mr Johnny Date Processed NICKNAME LAST SUFFIX
	Salazar Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 205 Maske Rd Somerset, Texas 78069
(Residence or Business)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before election Exceeded Modified Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year 1 ✓ 1 ✓ 24 THROUGH 1 ✓ 25 ✓ 24
11 ELECTION	BLECTION DATE Month Day Year 3 / 5 / 24 General Special ELECTION TYPE Special Specia
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Constable Precinct 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI			<u>. </u>			
15 C/OH NAME				16 Filer	ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, L	EMIZED POLITICAL CON OANS, OR GUARANTEE TIONS MADE ELECTRON	NTRIBUTIONS (OTHER T IS OF LOANS, OR ICALLY)	HAN	\$	0.00
	2. TOTAL POL (OTHER THA	ITICAL CONTRIBUTION PLEDGES, LOANS, OF	DNS R GUARANTEES OF LOA	NS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNIT	EMIZED POLITICAL EXP	ENDITURE.		\$	1,401.84
	4. TOTAL POL	ITICAL EXPENDITURI	E S	·	\$ '	1,401.84
CONTRIBUTION BALANCE		TICAL CONTRIBUTIONS ING PERIOD	MAINTAINED AS OF THE	LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRIN	ICIPAL AMOUNT OF ALL OF THE REPORTING PER	OUTSTANDING LOANS A	AS OF THE	\$	0.00
	swear, or affirm, under po quired to be reported by n			s true and co	orrect and in	ncludes all information
			Signature o	of Candidate	or Officeho	older
	ı	Please complete	either option be	elow:		
		•	•			
(1) Affidavit						
NOTARY STAMP/SE	AL					
Sworn to and subscribe	d before me by		this	the	day of_	
20, to certif						
Signature of officer adminis	tering oath	Printed name of officer a	dministering oath	<u></u>	Title of of	ficer administering oath
		OR				
(2) Unsworn Declara					_ / /	
My name is	ny Salazar		, and my date of b	oirth isO	8/09/1	976
My address is _ 2 0 5	Maske Rd		, Jonerset	_7ž_	7806	1. Htascosa
Executed in	(street)	e of <u>Texas</u> ,	(city) on the day of	(state) FCD FARN (month)	(zip code) y, 20_ 2 (ver	(country)
			#		(30)	
			Signature of	Candidate/Of	fficeholder (I	Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com				
Jo	ohnny Salazar				
21	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,401.84			
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	\$			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8/a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Bev By Gift/Awar al Committee Legal Se	ont Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Awards/Memorials Expense Printing Expense Sataries/Wages/Contract Labor he Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	² FILER NAME Johnny Sal	azar			3 Filer ID (Ethics	Commission Filers)
4 Date 01/16/2024	5 Payee name 3D Signs					
6 Amount (\$) 1,401.84 Reimbursement from political contributions intended	7 Payee address; 8015 W. 2nd	St Somerset, T	x 78069		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Category Other	gories listed at the top of this s	schedule)	(b) Description Campaign Sig	ns	
	(c) Check if trave	el outside of Texas, Complete Se	chedule T.	Check If Austin	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off Johnny S	Salazar	Co	office sought onstable Pct 2		Office held
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Cate	egories listed at the top of this	schedu ie)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ficeholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address;			City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Cate	agories listed at the top of this	schedule)	Description		
	Check if trav	vel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX, officeholder living e	kpense
Complete ONLY if direct expenditure to benefit C/OH	-	fficeholder name		Office sought		Office held
	ATTACHAD	DITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

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. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Johnny Мг NAME LAST SUFFIX NICKNAME Salazar ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** 205 Maske Rd, Somerset, Tx 78069 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ **OFFICEHOLDER PHONE** Receipt # Amount \$ FIRST 6 CAMPAIGN M\$ / MRS / MR TREASURER Johnny Mr **Date Processed** NAME LAST NICKNAME Date Imaged Salazar STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER 205 Maske Rd, Somerset, Texas 78069 **ADDRESS** (Residence or Business) **EXTENSION** AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year 10 PERIOD Month COVERED 12 / 31 / 23 THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Other Description Runoff Primery Month Day General Special OFFICE HELD (If any) 13 OFFICE SOUGHT (# known) 12 OFFICE Constable Pct 2 N/A THIS BOX IS FOR MOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **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

CAMPAIGN	N FINANCE REPORT				
15 C/OH NAME			16 Filer	ID (Ethics Co	ommission Fliers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT	NTEES OF LOANS, OR	AN	\$	0.00
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN		S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	375.00
	4. TOTAL POLITICAL EXPENDIT	TURES		\$	375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIOF REPORTING PERIOD	ONS MAINTAINED AS OF THE L	AST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		OF THE	\$	0.00
	Please compi	ete either option belo	ow:		
	Please compl			or Officehold	der ()
(1) Affidavit	My Notary ID # 132172316 Expires September 13, 2027				
NOTARY STAMP/SE/ Sworn to and subscribed	d before me by Johnny Strawhich, witness my hand and seal of office.	alazar this to	he <u>16</u> +	day of	Tanuary,
Signature of officer adminis		cer administering oath	-	Title of offic	e administering oath
Signature of officer adminis	tering out Printed name of one	OR			
(2) Unsworn Declara	tion				
My name is		and my date of birtl	h is		
					<u> </u>
	(street)	(city)	(state)	, ,	• • • •
Executed in	County, State of	, on theday of (m	onth)	, 20 (year)	_
		Signature of Ca	ndidate/Of	ficeholder (De	eclarant)

SUBTOTALS - C/OH

S.

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Johnny Salazar				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. ■ SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. ■ SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	375.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Committee Event Expense Fees Committee Event Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	1	AME Ny Salazar			3 Filer ID (Ethic	s Commission Filers)
4 Date 12/11/2023	5 Payee nar	<u> </u>	-	<u> </u>		
6 Amount (\$) 0.00 Reimbursement from political contributions intended	7 Payee ade		exas 7	City; 78069	State;	Złp Code
8 PURPOSE OF EXPENDITURE	(a) Category Fees	y (See Categories listed at the top of this sc.	hedule)	(b) Description Filing Fee		
		Check if travel outside of Texas. Complete Sch	iedule T.	Check if Austin,	, TX, officeholder living a	expanse
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name Iny Salazar	Cı	Office sought onstable PCT	2 None	Office held
Date	Payee nan	me				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this sci	hedule)	Description		
	 	Check if travel outside of Texas. Complete Sch	redule T,	Check if Austin,	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
Amount (\$) Reimbursement from political contributions intended	Payee add	tress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	hedule)	Description		
	(Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, afficeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	date / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEEDE	ED	