

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	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Simon	OFFICE USE ONLY Date Received: RECEIVED 7/29/23	
	NICKNAME LAST SUFFIX Salinas		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1108 Harvest Glen Drive Plano, TX 75023		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI David M.	APR 4:02 PM	
	NICKNAME LAST SUFFIX Smith		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 E. Park Blvd., Suite 600, Plano, TX 75074		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 972-516-3849		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 03/28/2023 THROUGH 04/26/2023		
10 ELECTION	ELECTION DATE Month Day Year 05/06/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Trustee, Place 7 Place 7 District Plano ISD

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

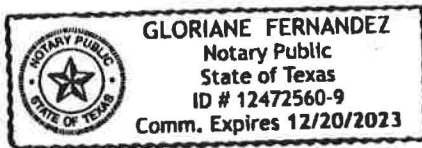
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13 C / OH NAME	Salinas, Simon	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,778.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	373.31
	4. TOTAL POLITICAL EXPENDITURES	\$	3,188.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	225.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT



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.

Simon Salinas

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Simon Salinas, this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Gloriana Fernandez
Signature of officer administering

Gloriana Fernandez
Printed name of officer administering

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Salinas, Simon		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	395.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,383.06
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	2,482.13
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,701.04
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	487.13
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11
2 FILER NAME Salinas, Simon		3 Filer ID
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Hani 6 Contributor address; City; State; Zip Code 5009 Kingston Court Parker, TX 75002	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Anna Contributor address; City; State; Zip Code 1908 Sparrows Point Court Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena Contributor address; City; State; Zip Code 7500 Comal River Trace McKinney, TX 75071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir Contributor address; City; State; Zip Code 6901 Highfield Trail Plano, TX 75023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Bethany Contributor address; City; State; Zip Code 8613 Kendall Drive Plano, TX 75025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/2 Rpt: 5/11

2 FILER NAME
Salinas, Simon

3 Filer ID

4 Date
04/04/2023

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Smith, Nancy

7 Amount of Contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
1917 Smith Drive
Plano, TX 75023

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/11	
2 FILER NAME Salinas, Simon		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael <hr/> 7 Contributor address; City; State; Zip Code 2616 Park Creek Drive Plano, TX 75075	8 Amount of contribution (\$) \$1,505.00	9 In-kind contribution description block walker pay <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Rosa <hr/> Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023	Amount of contribution (\$) \$97.42	In-kind contribution description campaign literature printing <hr/> <input type="checkbox"/> 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)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Rosa <hr/> Contributor address; City; State; Zip Code 1108 Harvest Glen Drive Plano, TX 75023	Amount of contribution (\$) \$207.62	In-kind contribution description campaign literature printing <hr/> <input type="checkbox"/> 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)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

Sch: 2/2 Rpt: 7/11

2 FILER NAME

Salinas, Simon

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

04/26/2023

6 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Salinas, Rosa

7 Contributor address; City; State; Zip Code

1108 Harvest Glen Drive

Plano, TX 75023

8 Amount of contribution (\$)

\$207.62

9 In-kind contribution description

campaign literature printing

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

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)

Date

04/26/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Salinas, Rosa

Contributor address; City; State; Zip Code

1108 Harvest Glen Drive

Plano, TX 75023

Amount of contribution (\$)

\$365.40

In-kind contribution description

Campaign T-shirts

☐ 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)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 8/11

2 FILER NAME

Salinas, Simon

3 Filer ID

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

04/26/2023

6 Full name of pledgor

Casavant, Michael

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

2616 Park Creek Drive

Plano, TX 75075

8 Amount of
pledge (\$)

\$1,995.00

9 In-kind description
(If applicable)

block walker pay

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

04/21/2023

6 Full name of pledgor

Zaman, Nadeem

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

CECS

P.O. Box 187

Frisco, TX 75034

8 Amount of
pledge (\$)

\$487.13

9 In-kind description
(If applicable)

campaign literature
printing

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES 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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 9/11	2 FILER NAME Salinas, Simon	3 Filer ID
4 Date 04/07/2023	5 Payee name Intellxoft	
6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code 13151 Emily Road Dallas, TX 75240	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/06/2023	Candidate/Officeholder name Karthik, Kelly	Office sought Office held
Amount (\$) \$332.76	Payee address; City; State; Zip Code 909 Touchstone Road Frisco, TX 75036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for March 3 and March 21 campaign literature printing expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/06/2023	Candidate/Officeholder name Peerly	Office sought Office held
Amount (\$) \$1,029.97	Payee address; City; State; Zip Code 2232 Dell Range Blvd, Cheyenne, WY 82009-4941	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 10/11	2 FILER NAME Salinas, Simon	3 Filer ID
4 Date 03/28/2023	5 Payee name Texas Democratic Party	
6 Amount (\$) \$415.00	7 Payee address; City; State; Zip Code 1106 Lavaca, Suite 100 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter file and related services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 11/11	2 FILER NAME Salinas, Simon	3 Filer ID
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 04/21/2023	6 Payee name Sign Express	
7 Amount (\$) \$487.13	8 Payee address; City; State; Zip Code 11139 Denton Drive Dallas, TX 75229	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 5,000 pieces of campaign literature
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		