

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Pete Salazar NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5360 McCandless Apt B Austin Texas 78756	2014 JUL 14 PM 2 25 RECEIVED AUSTIN CITY CLERK	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 657-0709		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jeffrey Jones NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7601 Austin, Texas 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 825-6230		
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 01 / 2014 THROUGH 08 / 30 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICES SOUGHT (if known) Austin City Council District 7	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**


**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <i>Pete Salazar Jr.</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 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. 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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,405
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,622.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 363
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,805

18 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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pete Salazar, Jr., this the 14 day of July, 20 14, to certify which, witness my hand and seal of office.

Lourdes Jones Lourdes Jones Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Texas Democrats Democratic Party Pete Salazar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Texas Democratic Party	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable) Voter Software Van Access
6 Contributor address; City; State; Zip Code 4818 E Ben White #104 Austin Texas 787		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Van Access	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Chris & Shannon Hoerster	Amount of contribution (\$) 700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2212 Metcalfe Rd, Austin TX, 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)	
Date 4/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Adriana Adams	Amount of contribution (\$) \$300	In-kind contribution description (if applicable) Photography
Contributor address; City; State; Zip Code 603 Split Oak Dr. Pflugerville TX 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions)	
Date 5/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Texas Hatters	Amount of contribution (\$) \$200	In-kind contribution description (if applicable) gift certificate Advertising
Contributor address; City; State; Zip Code 911 South Commerce Street Lockhart TX 78644		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas Hatters	
Date 5/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Guadalupe Velasquez	Amount of contribution (\$) \$200	In-kind contribution description (if applicable) supplies for Barbecue
Contributor address; City; State; Zip Code 921 Gene Johnson St. Austin TX 78751		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

Pete Salazar

3 ACCOUNT # (Ethics Commission Filers)

4 Date

✓ 5-10

5 Full name of contributor out-of-state PAC (ID#)

Gerard Perches

7 Amount of contribution (\$)

\$20

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

1504 Middleway Pflugerville 78660

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

lawyer

10 Employer (See Instructions)

Hays County

Date

✓ 5/10

Full name of contributor out-of-state PAC (ID#)

John Mendez

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

7601 Gault

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self employed

Date

✓ 5/10

Full name of contributor out-of-state PAC (ID#)

Diane Velasquez

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5108 Lyman Place Austin TX 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

State of Texas HHSC

Date

✓ 5/10

Full name of contributor out-of-state PAC (ID#)

Gloria Velasquez

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5108 Lyman Place Austin Texas 78556

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

✓ 5/10

Full name of contributor out-of-state PAC (ID#)

Gilbert Velasquez

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5108 Lyman Place Austin Texas 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

Pete Salazar

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10

5 Full name of contributor out-of-state PAC (ID#)

und Pete Maldonado

6 Contributor address; City; State; Zip Code

Austin, Texas 5103 coppermead

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Austin Radiological Association

Date

5/10

Full name of contributor out-of-state PAC (ID#)

Rick Macey

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$5

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Professor at Texas State

Date

5/10

Full name of contributor out-of-state PAC (ID#)

Nicole Cruz

Contributor address; City; State; Zip Code

9014 Now Foundland Austin Texas

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

University of Texas

Date

5/10

Full name of contributor out-of-state PAC (ID#)

Roy Buma

Contributor address; City; State; Zip Code

1800 East Stassney 78744

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Wal Mart

Date

5/10

Full name of contributor out-of-state PAC (ID#)

Mei RBS

Contributor address; City; State; Zip Code

8517 Alum Rock Dr Austin 78747

Amount of contribution (\$)

\$10

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Saf employe

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME

Pete Salazar

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10

5 Full name of contributor out-of-state PAC (ID# _____)

B Uyas Salahuddin

6 Contributor address: City: State: Zip Code

4600 Mueller Blvd Austin, TX 78723

7 Amount of contribution (\$)

\$10

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Austin Can Academy

Date

5/10

Full name of contributor out-of-state PAC (ID# _____)

Lynda A Costa

Contributor address: City: State: Zip Code

Pflugerville Texas

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Executive Assistant

Employer (See Instructions)

State of Texas

Date

5/16

Full name of contributor out-of-state PAC (ID# _____)

Mr & Mrs. Lupe Velasquez

Contributor address: City: State: Zip Code

5108 Lyman Place 78756

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

5/10

Full name of contributor out-of-state PAC (ID# _____)

Valerie Castillo

Contributor address: City: State: Zip Code

510 Terrac Dr, Austin TX 78704

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11

Full name of contributor out-of-state PAC (ID# _____)

Edward Velasquez

Contributor address: City: State: Zip Code

5108 Lyman Place, Austin TX 78756

Amount of contribution (\$)

20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Pete Salazar</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <i>5/1/14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Ramon Salazar</i>	9 Loan Amount (\$) <i>1805</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>18009 West Royal Palm Road Wadell Arizona 85355</i>	10 Interest rate <i>3%</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Self employed</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>5/1/14</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pete Salazar</i>	Loan Amount (\$) <i>\$3000</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>5500 McCloudless Apt B Austin Texas 78756</i>	Interest rate <i>0</i>
		Maturity date
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Pete Salazar	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/15/14	5 Payee name Texas Democratic Convention	
6 Amount (\$) \$550	7 Payee address; City: State: Zip Code 4814 E Ben White, Austin Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other	(b) Description (If travel outside of Texas, complete Schedule T) Computer Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/7/14	Payee name Mason Wholesale	
Amount (\$) \$835	Payee address; City: State: Zip Code 9007 Chisholm Ln, Austin Tx 78748	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) T-shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/25	Payee name Amtrak	
Amount (\$) \$88	Payee address; City: State: Zip Code 250 N Lamar Austin TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel out of district	Description (If travel outside of Texas, complete Schedule T) Train ride to Dallas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/8	Payee name Galaxy Cafe	
Amount (\$) 12.05	Payee address; City: State: Zip Code 4616 Triangle Ave Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: _____	2 FILER NAME <i>Pete Salazar</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/2</i>	5 Payee name <i>Robert Salazar</i>
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6 Amount (\$) <i>\$101.60</i>	7 Payee address; City: State: Zip Code <i>West Avenue D Temple, Texas 76504</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Posters</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/9</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>\$2</i>	Payee address; City: State: Zip Code <i>1200 Barbara Jordan Blvd Austin Texas 78723</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bank Fees</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/11/14</i>	Payee name <i>Paypal Here</i>
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Amount (\$) <i>\$1.89</i>	Payee address; City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Paypal Here Fees</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/9/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>89.96</i>	Payee address; City: State: Zip Code <i>500 E Ben White Austin TX 78704</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expenses</i>	Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Peter Salazar</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/17/14</i>	5 Payee name <i>Office Depot</i>
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6 Amount (\$) <i>849.96</i>	7 Payee address; City; State; Zip Code <i>500 East Ben White Austin TX 78704</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/17/14</i>	Payee name <i>FedEx office</i>
------------------------	-----------------------------------

Amount (\$) <i>5.90</i>	Payee address; City; State; Zip Code <i>600 E Ben White Blvd Austin TX 78704</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Posters</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/12/14</i>	Payee name <i>City of Austin</i>
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Amount (\$) <i>37.81</i>	Payee address; City; State; Zip Code <i>Austin, Texas</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Maps</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/5/14</i>	Payee name <i>Bat city</i>
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Amount (\$) <i>34.64</i>	Payee address; City; State; Zip Code <i>1707 Nueces St Austin, TX 78761</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Name Tags</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Pete Salazar</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/1/14</i>	5 Payee name <i>Row Marketing firm</i>
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6 Amount (\$) <i>\$1805</i>	7 Payee address; City: State; Zip Code <i>213 W. San Antonio St San Marcos TX 78666</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Northwest Park Event Advertising</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/1/14</i>	Payee name <i>Row Marketing firm</i>
-----------------------	---

Amount (\$) <i>\$1008.25</i>	Payee address; City: State; Zip Code <i>213 W San Antonio St San Marcos TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Website</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City: State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City: State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED