

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: 18	
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Steve	MI MI	OFFICE USE ONLY Date Received	
	NICKNAME	LAST Salazar	SUFFIX		
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS C Change of Address	Address/PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked
	1029 N. Zang Blvd. Dallas TX 75208				
5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 943 8683	EXTENSION	Receipt #	Amount
6. CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Rosario	MI MI	Date Processed	
	NICKNAME	LAST Rodriguez	SUFFIX	Date Imaged	
7. CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1029 N. Zang Blvd. Dallas TX 75208				
8. CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 943 8683	EXTENSION		
9. REPORT TYPE	July 15				
10. PERIOD COVERED	4/30/2009 THROUGH 6/30/2009				
11. ELECTION	ELECTION DATE 5/9/2009	ELECTION TYPE General			
12. OFFICE	OFFICE HELD (if any) Council District 6		13. OFFICE SOUGHT (if known) Council District 6		
14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS C additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	NAME				
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
GO TO PAGE 2					

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

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

15 C/OH NAME Mr Steve Salazar	16 ACCOUNT #(Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) C 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
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1674.56
	4. TOTAL POLITICAL EXPENDITURES	\$ 18152.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14026.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Steve Salazar, this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 5	
2 FILER NAME Mr Steve Salazar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Son 6 Contributor address; City; State; Zip Code 2535 Walnut Hill Ln Dallas, TX 75229	7 Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong Sook Na Contributor address; City; State; Zip Code 998 Laguna Dr. Coppell, TX 75019	Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Businessman	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JP Park Contributor address; City; State; Zip Code 2908 Cypress Leaf Ln FlowerMound, TX 75022	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Song Contributor address; City; State; Zip Code 4139 Calculus Dr. Dallas, TX 75244	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeong Hyun Son Contributor address; City; State; Zip Code 3232 Dothan Ln Dallas, TX 75229	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 2 of 5	
2 FILER NAME Mr Steve Salazar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyeh Hwan Kim 6 Contributor address; City; State; Zip Code 3301 Bright Star Way Plano, TX 75074	7 Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young Chul Kim Contributor address; City; State; Zip Code 1302 Edgewood Ct Carrollton, TX 75007	Amount of Contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong Chil Lee Contributor address; City; State; Zip Code 7541 Primrose Dr Irving, TX 75063	Amount of Contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong A. Kim Contributor address; City; State; Zip Code 2013 Cottonwood Valley Cr Irving, TX 75038	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Businesswoman	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jung O. Park Contributor address; City; State; Zip Code 4320 Millsop Carrollton, TX 75010	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Businessman	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 3 of 5	
2 FILER NAME Mr Steve Salazar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rae Eung Kim 6 Contributor address; City; State; Zip Code 6202 Contour Dr Dallas, TX 75248	7 Amount of Contribution (\$) 500.00	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) Businessman	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young H. An Contributor address; City; State; Zip Code 5115 Briargrove Ln Dallas, TX 75287	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Businessman	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jong Mann Park Contributor address; City; State; Zip Code 4707 Interlachen Cr Dallas, TX 75252	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Businessman	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Leadership PAC Contributor address; City; State; Zip Code P.O. Box 763143 Dallas, TX 75376	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres Alarcon Contributor address; City; State; Zip Code 7614 Dunoon Ave Dallas, TX 75248	Amount of Contribution (\$) 800.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Businessman	

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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 of 5	
2 FILER NAME Mr Steve Salazar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SJ Hurley	7 Amount of Contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3416 Southwestern Blvd Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Young	Amount of Contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 141179 Dallas, TX 75014		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Huang	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11441 N. StemmonsFrwy Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/2009	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>15-167540</u>) SEIU C.O.P.E.	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Massachusetts Ave NW Washington, DC 20036		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Ogbolu	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 Bluffview DeSoto, TX 75115		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 5 of 5	
2 FILER NAME Mr Steve Salazar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Estrada 6 Contributor address; City; State; Zip Code 1636 Cedar Hill Dallas, TX 75208	7 Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Businessman	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 1 of 11	
2 FILER NAME Mr Steve Salazar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/22/2009	5 Payee name Morelia Restaurant 6 Payee address; City; State; Zip Code 2707 W. Jefferson Blvd. Dallas, TX 75211	7 Amount (\$) 500.00	
8 Purpose of payment (See instructions regarding type of information required.) food for Benito Juarez Community Event (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/04/2009	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393	Amount (\$) 419.25	
Purpose of payment (See instructions regarding type of information required.) phone (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/09/2009	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393	Amount (\$) 570.24	
Purpose of payment (See instructions regarding type of information required.) phone (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/23/2009	Payee name Sams Payee address; City; State; Zip Code 7027 Bruton Rd. Dallas, TX 75217	Amount (\$) 70.00	
Purpose of payment (See instructions regarding type of information required.) membership (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
2 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Richard Yates

7 Amount
(\$)

363.25

6 Payee address; City; State; Zip Code

5714 Bernal Dr. Dallas, TX 75212

8 Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Richard Yates

Amount
(\$)

375.00

Payee address; City; State; Zip Code

5714 Bernal Dr. Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Saragoza Munoz

Amount
(\$)

86.25

Payee address; City; State; Zip Code

2728 Kenesaw Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/08/2009

Payee name

Irene Ojeda

Amount
(\$)

100.00

Payee address; City; State; Zip Code

1029 N. Zang Blvd. Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
3 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/06/2009

5 Payee name

Reilly Echols Printing

7 Amount
(\$)

1834.84

6 Payee address; City; State; Zip Code

1710 S. Harwood Dallas, TX 75216

8 Purpose of payment (See instructions regarding type of information required.)

printing

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Rebecca Ojeda

Amount
(\$)

120.00

Payee address; City; State; Zip Code

1029 N. Zang Blvd. Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Victoria Ojeda

Amount
(\$)

120.00

Payee address; City; State; Zip Code

1029 N. Zang Blvd. Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/08/2009

Payee name

Juanita Padilla

Amount
(\$)

138.75

Payee address; City; State; Zip Code

318 W. Clarendon Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
4 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/04/2009

5 Payee name

Hortensia Hernandez

7 Amount
(\$)

97.50

6 Payee address; City; State; Zip Code

1029 N. Zang Blvd. Dallas, TX 75208

8 Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Saragoza Munoz

Amount
(\$)

120.00

Payee address; City; State; Zip Code

2826 Kenesaw Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Tejano USA

Amount
(\$)

300.00

Payee address; City; State; Zip Code

P.O. Box 6753 Dallas, TX 75222

Purpose of payment (See instructions regarding type of information required.)

ad

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

El Heraldo News

Amount
(\$)

300.00

Payee address; City; State; Zip Code

2829 W. NW Hwy #920 Dallas, TX 75220

Purpose of payment (See instructions regarding type of information required.)

ad

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
5 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/04/2009

5 Payee name

El Extra

7 Amount
(\$)

300.00

6 Payee address; City; State; Zip Code

8012 Trade Village Pl Dallas, TX 75217

8 Purpose of payment (See instructions regarding type of information required.)

ad

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Novedades News

Amount
(\$)

300.00

Payee address; City; State; Zip Code

121 S. Zang Blvd. Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

ad

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

El Lider USA

Amount
(\$)

300.00

Payee address; City; State; Zip Code

1813 Balboa Pl Dallas, TX 75224

Purpose of payment (See instructions regarding type of information required.)

ad

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/06/2009

Payee name

Javier Villegas

Amount
(\$)

157.50

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
6 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/07/2009

5 Payee name

Summers Mailing

7 Amount
(\$)

1800.88

6 Payee address; City; State; Zip Code

4850 W.Ledbetter Dallas, TX 75236

8 Purpose of payment (See instructions regarding type of information required.)

mailing

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/07/2009

Payee name

Richard Yates

Amount
(\$)

100.00

Payee address; City; State; Zip Code

5714 Bernal Dr Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Tio Joes

Amount
(\$)

1721.86

Payee address; City; State; Zip Code

3311 Sylvan Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

food for volunteers

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Yolanda Jimenez

Amount
(\$)

86.25

Payee address; City; State; Zip Code

3826 Mican Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
7 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/04/2009

5 Payee name

Jimmy Gomez

7 Amount
(\$)

86.25

6 Payee address; City; State; Zip Code

3826 Mican Dallas, TX 75212

8 Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Victoria Robles

Amount
(\$)

105.00

Payee address; City; State; Zip Code

3119 Ingersoll Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Wesley Clark

Amount
(\$)

86.25

Payee address; City; State; Zip Code

5714 Bernal Dr. Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Anthony Johnson

Amount
(\$)

86.25

Payee address; City; State; Zip Code

5714 Bernal Dr. Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
8 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Maria Tamez

7 Amount
(\$)

135.00

6 Payee address; City; State; Zip Code

1029 N. Zang Blvd. Dallas, TX 75208

8 Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Rebecca Ojeda

Amount
(\$)

86.25

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Victoria Ojeda

Amount
(\$)

86.25

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Irene Ojeda

Amount
(\$)

638.00

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

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Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
9 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Hortensia Hernandez

7 Amount
(\$)

86.25

6 Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

8 Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Stephanie Hernandez

Amount
(\$)

86.25

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Juana Colunga

Amount
(\$)

86.25

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

John J Lopez

Amount
(\$)

1536.73

Payee address; City; State; Zip Code

238 W. 12th St. Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
10 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Maria J Rodriguez

7 Amount
(\$)

86.25

6 Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

8 Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Jonathan Oranday

Amount
(\$)

86.25

Payee address; City; State; Zip Code

1029 N. Zang Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/18/2009

Payee name

Stella Esparza

Amount
(\$)

750.00

Payee address; City; State; Zip Code

5842 Beau Purple Dallas, TX 75211

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

06/05/2009

Payee name

Stella Esparza

Amount
(\$)

750.00

Payee address; City; State; Zip Code

5842 Beau Purple Dallas, TX 75211

Purpose of payment (See instructions regarding type of information required.)

consulting

(If travel outside of Texas, complete Schedule T)

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Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:
11 of 11

2 FILER NAME

Mr Steve Salazar

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/21/2009

5 Payee name

La Voz Del Anciano

7 Amount (\$)

250.00

6 Payee address; City; State; Zip Code

3316 Sylvan Ave Dallas, TX 75212

8 Purpose of payment (See instructions regarding type of information required.)
donation

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

06/12/2009

Payee name

JC Tejanos

Amount (\$)

600.00

Payee address; City; State; Zip Code

3114 Clymer Dallas, TX 75212

Purpose of payment (See instructions regarding type of information required.)
donation

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

06/24/2009

Payee name

Maria Salinas

Amount (\$)

569.58

Payee address; City; State; Zip Code

238 W. 12th St Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

Reimbursements of expenses

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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