

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 (Ethics Commission Filers)	2 Total pages filed: <u>3</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
DAVID SALCIDO			
DATE RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	DATE HAND-DELIVERED OR DATE POSTMARKED	
	1806 Big Rock Dr SAN Antonio TX 78227	RECEIPT # AMOUNT \$	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	DATE PROCESSED	
	(210) 383-4193	DATE IMAGED	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI		
	NICKNAME LAST SUFFIX		
DAVID SALCIDO			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	1806 Big Rock Dr SAN Antonio TX 78227		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(210) 383-4193		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 04 / 27 / 2023	THROUGH	Month Day Year 06 / 30 / 2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05 / 06 / 2023	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Northside ISD Trustee SMD 1	
14 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	

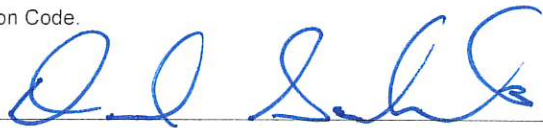
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 179.67
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 38.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 141.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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

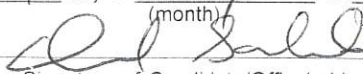
OR

(2) Unsworn Declaration

My name is DAVID SALCIDO, and my date of birth is 08-19-1964

My address is 1806 Big Rock Dr (street) SAN ANTONIO (city) TX (state) 78227 (zip code) USA (country)

Executed in Bexar County State of TEXAS on the 17 day of July, 2023
(month) (year)



Signature of Candidate/Officeholder (Declarant)



**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME DAVID SALCIDO		3 Filer ID (Ethics Commission Filers)	
4 Date 5/6/23	5 Payee name Office Depot			
6 Amount (\$) 6.50	7 Payee address; 119 SW Loop 410	City SAN ANTONIO	State TX	Zip Code 78245
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Printing of literature		(b) Description (See instructions regarding type of information required.) Copies	
Date 5/11/23	Payee name HEB Foods			
Amount (\$) 32.01	Payee address; 8219 Marbach Rd	City San Antonio	State TX	Zip Code 78227
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Volunteer Snacks		Description (See instructions regarding type of information required.) Water / Snacks	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

