

# 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:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

DAVID  
NICKNAME LAST SUFFIX

SALCIDO

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1806 BIG Rock Dr San Antonio TX 78227

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 383-4193

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

DAVID  
NICKNAME LAST SUFFIX

SALCIDO

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

1806 BIG Rock Dr San Antonio TX 78227

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 383-4193

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

01 / 01 / 2023 THROUGH 03 / 27 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2023

ELECTION TYPE

Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Northside ISD Trustee SMD

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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

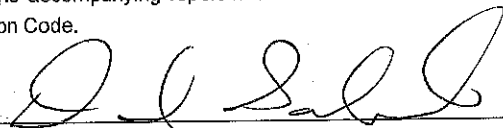
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> DAVID SALCIDO		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <del>0</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,135
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <del>0</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,111.64
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,023.36
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <del>0</del>

**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

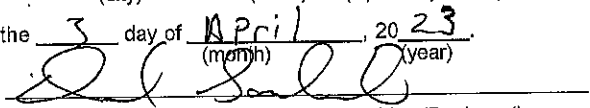
OR

**(2) Unsworn Declaration**

My name is DAVID Salcido, and my date of birth is 08/19/1964

My address is 1806 Big Rock Dr, San Antonio, TX, 78227, Bexar.  
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of TEXAS, on the 3 day of April, 2023.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:

6

2 FILER NAME

DAVID SALCIDO

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/23

5 Full name of contributor

DAVID SALCIDO

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 540.00

6 Contributor address;

City;

State;

Zip Code

1806 BIG ROCK DR SAN ANTONIO TX 78227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/2/23

Full name of contributor

Edward Valdez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

11130 Badger Peak San Antonio, TX 78254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/23

Full name of contributor

Diane Luna

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

546 Westwood San Antonio TX 78227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/23

Full name of contributor

Lawrence Romo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

4811 ISAAC RYAN San Antonio TX 78253

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
6

2 FILER NAME

DAVID SALCIDO

3 Filer ID (Ethics Commission Filers)

4 Date

3/09/23

5 Full name of contributor

Christine MARTINEZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

15618 Ruidosa Run Helotes TX 78023

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/23

Full name of contributor

Christopher SALCIDO

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 40.00

Contributor address;

City;

State;

Zip Code

1806 Big Rock Dr San Antonio TX 78227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/23

Full name of contributor

SOMIA TATSCH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

4 Willow Heights Dr San Antonio TX 78254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/23

Full name of contributor

Rosalinda M Reyna

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

6218 Ridge Arbor St San Antonio TX 78250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Semi Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:

6

2 FILER NAME

DAVID Salcido

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/23

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Verastugui

7 Amount of contribution (\$)

\$ 40.00

6 Contributor address;

City;

State;

Zip Code

10447 Alpine Village San Antonio TX 78245

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Juanita Castillo

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

10347 prescott San Antonio TX 78245

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gladys Perez

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

202 pleasant ctr San Antonio TX 78221

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired.

Date

3/15/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MONICA Guerrero

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

1806 Big Rock Dr San Antonio TX 78227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Education

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

6

2 FILER NAME

DAVID SALCIDO

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/23

5 Full name of contributor

Melda Alvarado

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City;

State;

Zip Code

3739 New Rock Dr San Antonio TX 78245

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/20/23

Full name of contributor

Woodrow Wilson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 450.00

Contributor address;

City;

State;

Zip Code

6243 IH-10 West <sup>St 1025</sup> SAN ANTONIO TX 78201

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/20/23

Full name of contributor

Victor Salcido

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

446 E Mayfield San Antonio TX 78214

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/20/23

Full name of contributor

Benito Acovio

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

3739 Honeytree San Antonio TX 78245

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

DAVID Salcido

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/23

5 Full name of contributor

CARIE Morales

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City;

State;

Zip Code

8514 Barragan Dr Austin TX 78736

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/23

Full name of contributor

Stephanie Sanchez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 60.00

Contributor address;

City;

State;

Zip Code

7507 Cortland Oak San Antonio TX 78254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/23

Full name of contributor

George Salazar

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

750 Sawtooth San Antonio TX 78245

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/23

Full name of contributor

Danny Salcido

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

418 Mahotta Dr San Antonio TX 78227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:

6

2 FILER NAME

DAVID SALCIDO

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/23

5 Full name of contributor

VIRGINIA ESPERITU

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City;

State;

Zip Code

8003 Viking trail San Antonio TX 78250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/23

Full name of contributor

Charles Alexander

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 5.00

Contributor address;

City;

State;

Zip Code

116 W. Malone San Antonio, TX 78214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/23

Full name of contributor

Tisha Bandli

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

6962 W. Homeysucke Peoria AZ 85363

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME <u>DAVID SALCIDO</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>3/27/23</u>	<b>5</b> Payee name <u>Office Depot</u>	
<b>6</b> Amount (\$) <u>\$16.89</u>	<b>7</b> Payee address; City; State; Zip Code <u>119 SW Loop 4110 San Antonio TX 78245</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Supplies</u>	<b>(b)</b> Description <u>COPIES</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

# LOANS

# SCHEDULE E

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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial institution?  Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>DAVID SALCIDO</b>	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date <b>3/4/2023</b>	5 Payee name <b>3D SIGNS</b>
---------------------------	---------------------------------

6 Amount (\$) <b>\$647.00</b>	7 Payee address; City; State; Zip Code <b>7986 1st st Somerset TX 78069</b>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Political Advertisement</b>	(b) Description <b>SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>3/10/23</b>	Payee name <b>3D SIGNS</b>
------------------------	-------------------------------

Amount (\$) <b>\$363.72</b>	Payee address; City; State; Zip Code <b>7986 1st street Somerset TX 78069</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Political Advertisement</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>3/24/20</b>	Payee name <b>Printing + Design</b>
------------------------	--

Amount (\$) <b>\$184.03</b>	Payee address; City; State; Zip Code <b>4536 W. Commerce San Antonio TX 78237</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Political Advertisement</b>	Description <b>5x7 push cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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