CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS/ MB CANDIDATE / OFFICE USE ONLY OFFICEHOLDER DAUNO NAME Date Received 4 CANDIDATE/ ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 1806 BIG ROCK Dr SAN ANTONI 7822 Change of Address 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (2/0) 381-419 3 MS/MRS/MR) FIRST PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged 7 CAMPAIGN ZIP CODE TREASURER ADDRESS 78227 (Residence or Business) CAMPAIGN TREASURER PHONE (210) 383-4193 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 01/01/2023 THROUGH 2023 ELECTION DATE 11 ELECTION ELECTION TYPE Runoff Other Description 05/06 /2023 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	PAVID SAlcipa	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	* .
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	» \$ 2, 135
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,111.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L. OF REPORTING PERIOD	AST DAY \$ 1,023.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is to	rue and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	O(a)
		$S_{\mathcal{A}}$
	Signature of 0	Candidate or Officeholder
	Please complete either option belo	w:
	•	
(1) Affidavit		•
NOTARY STAMP/SEA	AL.	
	u - u	e, day of,
Sworn to and subscribed	boloic file by	<u> </u>
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is DAVI	o Salcipo and my date of birth	is 08/19/1964
My address is <u>1806</u>		TX, 78227, Bexar.
	(street) (city)	(state) (zip code) (country)
Executed in Bex2	County, State of <u>TEXES</u> , on the <u>3</u> day of <u>M</u>	Pri , 20 2.5 . (year)
		didate/Officeholder (Declarant)
	Signature of Car	ididate/Officeriolder (Declarant)

SCHEDULE A1

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

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Gut-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Date Full name of contributor Date Contributor occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor occupation / Job title (See Instructions) Date Full name of contributor Contributor occupation / Job title (See Instructions) Contributor occupation / Job title (See Instructions)		
DAVID SAICIDO 4 Date 5 Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) 3/2/23 6 Contributor address; City: State: Zip Code 5 540, 000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) 3/2/23 Contributor address; City: State: Zip Code 5 100, 000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) 7/2/23 Contributor address: City: State: Zip Code 5 50, 000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$) Principal occupation / Job title (See Instructions) City: State: Zip Code Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDIE) Amount of contribution (\$)	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
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Amount of contribution (\$) Contributor address: City: State: Zip Code State Dot		ons)
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Date Full name of contributor out-of-state PAC (ID#:	5/2/23 Contributor address; City; State; Zip Code	\$100,00
Amount of contribution (\$) Diane Luna State Zip Code State State Zip Code State Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions)	· ·
Still Westberd Sentiment 18221 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	United State PAC (ID#)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$)	3/2/23 Contributor address; City; State; Zip Code	\$ 50,00
3/8/23 Contributor address; City; State; Zip Code /25, 040 Hell Isanc Ryan San Ankaria 72 79253 Amount of contribution (\$)		ns)
2/8/23 Contributor address; City: State; Zip Code /25, 040 4811 ISANC RYAN San Ankmin TX 79253		Amount of contribution (\$)
Principal accumation (Jah 19) (a. 1.	7/8/23 Contributor address; City; State; Zip Code	125.00
	Principal accumation / Lat. 1997 (O.)	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

DAVID SAICIDO Date S Full name of contributor Christine River (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Christine River (See Instructions) Date Principal occupation / Job title (See Instructions) Date Full name of contributor Christine River (See Instructions) Date Full name of contributor Christine River (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Sovia (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Sovia (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contribution (5) Full name of contributor Contributor address; City: State: Zip Code Full name of contribution (5) Full name of contribution (5) Full name of contributor Contributor address: City: State: Zip Code Full name of contribution (5) Full name of contributor Contributor address: City: State: Zip Code Full name of co		Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
Charles Fire Martine2 Amount of contribution (\$)	FILER NAME	DAVID SAlcido	3 Filer ID (Ethics Commission Filers
Date Full name of contributor	109/13	Christine Martinez 6 Contributor address; City; State; Zip Code 15618 Ruidosa Run Helotos 7x 78023	0 - 00
Christopher SA/CID Contributor address; City; State; Zip Code Big Rock Dr San Antonio IX 78227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code Contributor address; City City City City City City City City	Principal occi		ctions)
Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code Jip	17/23	Christopher SA/CIDI Contributor address; City; State; Zip Code 1806 Big Rack Dr SAN AntowioTX 78227	Amount of contribution (\$) ###################################
Amount of contribution (\$) SOMIA Contributor address; City; State; Zip Code 4 Willow Heights Or San Antowio TX 782.54 Trincipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; City;		Employer (ode mande	
Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) ROS 3//N/43 M Rey N 3 Contributor address; City: State: Zip Code Code Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Code Instructions Employer (See Instructions)	118/23	SOMIA TATSCH Contributor address; City; State; Zip Code 4 Willow Heights Or San Antowio 1X 78254	\$ 100 00
Contributor address; City; State; Zip Code Contributor address; City; State; Cit	rincipal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
rincipal occupation / Job title (See Instructions) Employer (See Instructions)		Rosalinda M Reyna Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.
		ation / Job title (See Instructions) Employer (See Instructions)	ions)
		•	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

SCHEDULE A1

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

	buide explains how to complete	this form.	1 Total pages Schedule A1:
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112 Contribute	Y	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title	(See Instructions)	Employer (See Instruct	ions)
14/23 6/ac Contributor 202	dys Perez address; City; Pleasanton Ctr Sa	State; Zip Code Antoniotx 7822	Amount of contribution (\$)
Principal occupation / Job title Retire	(See Instructions)	Employer (See Instruct	ions)
/115/23 Mont	ig Rock Dr San Anto	State; Zip Code	Amount of contribution (\$)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	DAVID SAlcipa		3 Filer ID (Ethics Commission Filers
20 23	5 Full name of contributor out-of-state PAC (WCCB Alvarado 6 Contributor address; City; 3739 New Rock or San Avign pation / Job title (See Instructions)	State: Zip Code 7824/5	7 Amount of contribution (\$)
1 mc.par occe	Ref Ired) Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I		Amount of contribution (\$)
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	ation / Job title (See Instructions)	Employer (See Instruction	ens)
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Tilicipal occup	Retifed	Employer (See Instructio	ns)
2 0/23	3739 Honey tree Son Antonio	State; Zip Code	Amount of contribution (\$)
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SCHEDULE A1

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SCHEDULE A1

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rincipal occup	16 W Malowe Sar Andow ation / Job title (See Instructions)	Employer (See Instruct	ions)
27/23	Full name of contributor	State; Zip Code	Amount of contribution (\$)
rincipal occupa	6962 W. Home VSucka Peor 120 ition / Job title (See Instructions)	AZ \$5363 Employer (See Instruction	
ate	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
incipal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#:_ Name of lender Date of loan 10 Interest rate State; Zlp Code City; Is lender 8 Lender address; a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#: Date of loan Name of lender Interest rate Zip Code State; Lender address; City: ls lender a financial Maturity date Institution? Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral

Guarantor address; City; State; Zip Code

I not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

account (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.

Name of guarantor

none

GUARANTOR

INFORMATION

Amount Guaranteed (\$)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

,		EXPEND	ITURE CAT	EGORIES F	OR BOX 8(a)		
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	(c) (Check if travel outside	of Texas, Complete	Schedule T.	Check if AL	ustin, TX, officeholder II	/ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O.	Candida H	te / Officeholde	r name		Office sought		Office held
Date	Payee nam)e					
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Amount (\$)	Payee add	ress;			City;	State;	Zip Code
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