

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Jessica

M
A

NICKNAME

LAST

Salinas

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Bardera TX 78003

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Jessica

M
A

NICKNAME

LAST

Salinas

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

Bardera TX

TX

78003

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

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

2 3 26

THROUGH

Month

Day

Year

2 23 26

11 ELECTION

ELECTION DATE

Month

Day

Year

3 3 26

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District Clerk

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

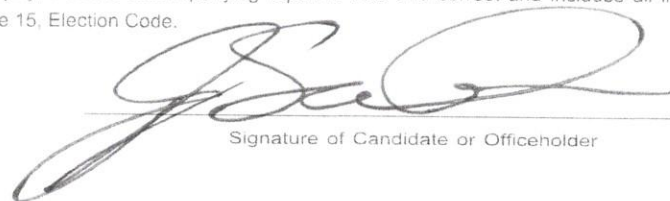
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Jessica Salinas 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1630.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

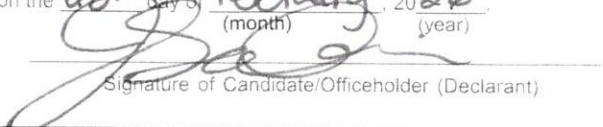
OR

(2) Unsworn Declaration

My name is Jessica Salinas, and my date of birth is March 2, 2026

My address is _____, Bandera, TX, 78003, USA
(street) (city) (state) (zip code) (country)

Executed in Bandera County, State of Texas, on the 23rd day of February, 2026
(month) (year)


Signature of Candidate/Officeholder (Declarant)

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

1 CANDIDATE NAME <i>Jessica Salinas</i>	2 FILER ID #	3 Total pages filed: <i>1</i>
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See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	OFFICE USE ONLY RECEIVED FEB 23 2026 <i>Amorah Byrd</i>	
			<i>Jessica</i>	<i>A</i>		<i>Salinas</i>			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Date Received Date Imaged Receipt # Amount \$ Date Processed Date Imaged		
				<i>Bandera TX</i>	<i>TX</i>	<i>78003</i>			
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION					
		<i>(210)</i>							


7 OFFICE HELD (if any)	NEW								
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8 OFFICE SOUGHT (if known)	NEW	<i>District Clerk</i>							
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX		
			<i>Jessica</i>	<i>A</i>		<i>Salinas</i>			

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE			
				<i>Bandera</i>	<i>TX</i>	<i>78003</i>			

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION					
		<i>(210)</i>							

12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.								
					Signature of Candidate				
					<i>01/23/20</i> Date Signed				

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1019.68
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>Jessica Salinas</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/17/26</u>	5 Payee name <u>Bandera Bulletin</u>	
6 Amount (\$) <u>420.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <u>606 State Highway 165 Bandera TX 78003</u> City: State: Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Newspaper Advertisement</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/17/26</u>	Payee name <u>Bandera Prophet</u>	
Amount (\$) <u>100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>Online www.bandera prophet.com TX</u> City: State: Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Newspaper online advertisement</u>
	<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 <u>2/20/26</u>	Payee name <u>Express Signs</u>	
Amount (\$) <u>499.68</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>7042 Alamo Downs Pkwy San Antonio TX 78238</u> City: State: Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>40 18x24 yard signs</u>
	<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