

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

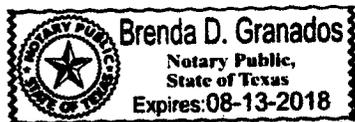
13 C/OH NAME SALAS, VICTOR	14 ACCOUNT # (Ethics Commission filers) 00000001
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to support the candidate / 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

CITY CLERK DEPT. 2015 APR - 9 PM 4:17

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,080.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,476.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,603.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VICTOR SALAS, this the 9TH day of APRIL, 2015, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

BRENDA D. GRANADOS

Print name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/20 Report: 3/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AL-HANNA, GEORGE 6 Contributor address; City; State; Zip Code 601 N. COTTON, STE 1 EL PASO, TX 79902	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARILL, PATRICK Contributor address; City; State; Zip Code 220 BLACKER EL PASO, TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor's principal occupation EDUCATOR		Contributor's job title COUNSELOR	
Contributor's employer / law firm EPISD		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BELTRAN, TERRY Contributor address; City; State; Zip Code 1700 N. STANTON EL PASO, TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any) N/S	
If contributor is a child, law firm of parent(s) (if any)			

CITY CLERK DEPT
 15 APR - 9 PM 4:47

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/20 Report: 4/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BROWN, TROY 6 Contributor address; City; State; Zip Code 517 BELVIDERE, APT A EL PASO, TX 79912	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARDIEL, ALMA Contributor address; City; State; Zip Code 8499 NEW HAVEN EL PASO, TX 79907	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DARNELL, JIM Contributor address; City; State; Zip Code 310 N. MESA, STE. 212 EL PASO, TX 79901	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/20 Report: 5/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DIPP, MIKE 6 Contributor address; City; State; Zip Code 100 N. OCHOA EL PASO, TX 79901	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Contributor's principal occupation REAL ESTATE		10 Contributor's job title OWNER	
11 Contributor's employer / law firm PLAZA PROPERTIES		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ENRIQUEZ, ANDRES Contributor address; City; State; Zip Code 553 CANYON SPRINGS EL PASO, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation DOCTOR		Contributor's job title OWNER	
Contributor's employer / law firm FRANKLIN MEDICAL CENTER		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ENRIQUEZ, HUMBERTO Contributor address; City; State; Zip Code 705 COEUR D'ALENE EL PASO, TX 79922	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G U I D E explains how to complete this form.		1 PAGE # Schedule: 4/20 Report: 6/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ENRIQUEZ, LAURA 6 Contributor address; City; State; Zip Code 705 COEUR D'ALENE CIRCLE EL PASO, TX 79922	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title PARTNER	
11 Contributor's employer / law firm MOUNCE GREEN		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ESCOBAR, PAUL Contributor address; City; State; Zip Code 1030 N. ZARAGOZA, STE. J EL PASO, TX 79907	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FERNANDEZ, NENA Contributor address; City; State; Zip Code 7813 CALICHE EL PASO, TX 79914	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm RETIRED		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/20 Report: 7/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FERRELL, DAVID 6 Contributor address; City; State; Zip Code 10514 MONTWOOD DR. EL PASO, TX 79935	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FIERRO, QUETA Contributor address; City; State; Zip Code 8612 WHITUS EL PASO, TX 79925	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm RETIRED		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FORBES, STEWART Contributor address; City; State; Zip Code 711 MYRTLE EL PASO, TX 79901	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/20 Report: 8/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FOSTER, SCOTT 6 Contributor address; City; State; Zip Code 718 MYRTLE EL PASO, TX 79901	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANCO, DIANA Contributor address; City; State; Zip Code 20 COPPER CREST EL PASO, TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation BANKER		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GONZALEZ, CRISTINA Contributor address; City; State; Zip Code 6712 CAMINO FUENTE EL PASO, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation EDUCATOR		Contributor's job title PROFESSOR	
Contributor's employer / law firm EPCC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/20 Report: 9/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GONZALEZ, RICARDO	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 916 MAGOFFIN EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HERAS, ESTHER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7813 CALICHE EL PASO, TX 79915		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm RETIRED		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HERAS-GUZMAN, DIANA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7813 CALICHE EL PASO, TX 79915		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm RETIRED		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/20 Report: 11/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LIGON, DARREN 6 Contributor address; City; State; Zip Code 1365 PEARL GATE EL PASO, TX 79936	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm FEDERAL PUBLIC DEFENDER		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MACIAS, FRANCISCO Contributor address; City; State; Zip Code 1001 N. CAMPBEL EL PASO, TX 79902	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTINEZ, BALTA & ANA Contributor address; City; State; Zip Code 802 S. BRAND BLVD. SAN FERNANDO, CA 91340	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm RETIRED		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 10/20 Report: 12/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTINEZ, MARIO 6 Contributor address; City; State; Zip Code 1420 MONTANA EL PASO, TX 79902	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MELENDEZ & WILLIAMS Contributor address; City; State; Zip Code 1119 E. SAN ANTONIO EL PASO, TX 79901	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEYS		Contributor's job title ATTORNEYS	
Contributor's employer / law firm MELENDEZ & WILLIAMS		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MENA, DANIEL Contributor address; City; State; Zip Code 708 RIVER ELMS EL PASO, TX 79922	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/20 Report: 13/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MOBBS, JOHN 6 Contributor address; City; State; Zip Code 7170 WESTWIND, STE. 201 EL PASO, TX 79912	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MORALES, RUBEN Contributor address; City; State; Zip Code 718 MYRTLE EL PASO, TX 79901	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NATERA, DANIEL Contributor address; City; State; Zip Code 12231 HENRI MATISSE EL PASO, TX 79936	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

2015 APR -9 PM 4:48
CITY CLERK DEPT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/20 Report: 14/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NATERA, ERNESTINA 6 Contributor address; City; State; Zip Code 171 RIVERSIDE EL PASO, TX 79915	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm RETIRED		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NEVAREZ, DAVID Contributor address; City; State; Zip Code 613 COLCHESTER EL PASO, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PALOMARES, ENRIQUE Contributor address; City; State; Zip Code 7362 REMCON CIRCLE EL PASO, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 APR - 9 PM 4:48

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 13/20 Report: 15/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PEACHER, JEFF 6 Contributor address; City; State; Zip Code 7020 TOLUCA EL PASO, TX 79912	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm RETIRED		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PIATT, BILL Contributor address; City; State; Zip Code 107 COBBLESTONE ST. SAN ANTONIO, TX 78213	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation PROFESSOR		Contributor's job title PROFESSOR	
Contributor's employer / law firm ST. MARY'S UNIVERSITY		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) POULOS, VICTOR Contributor address; City; State; Zip Code 1802 AVENIDA DE MESILLA LAS CRUCES, NM 88005	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm POULOS & COATS, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

2015 APR - 9 PM 11:00
 CITY CLERK DEPT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/20 Report: 16/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAMIREZ, ENRIQUE 6 Contributor address; City; State; Zip Code 1005 MAGOFFIN, STE. 203 EL PASO, TX 79901	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROCHA, SIRIA Contributor address; City; State; Zip Code 425 MAJESTIC MOUNTAIN DR. EL PASO, TX 79912	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RODRIGUEZ, CARMEN Contributor address; City; State; Zip Code 1809 GEORGIA PLACE EL PASO, TX 79902	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

2015 MAR -9 PM 4:11
 CLERK DEPT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 17/20 Report: 19/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STILLINGER, MARY 6 Contributor address; City; State; Zip Code 4911 ALAMEDA EL PASO, TX 79905	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TINNELL, ROBERT Contributor address; City; State; Zip Code 1108 N. CAMPBELL EL PASO, TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) UNDERWOOD, JUSTIN Contributor address; City; State; Zip Code 705 TEXAS EL PASO, TX 79901	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title PARTNER	
Contributor's employer / law firm WYATT & UNDERWOOD		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 18/20 Report: 20/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VALENTI, JIM & MARGARET 6 Contributor address; City; State; Zip Code 101 CALLE CUMBRE EL PASO, TX 79912	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ADMINISTRATOR		10 Contributor's job title CEO	
11 Contributor's employer / law firm UMC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VELARDE, RAY Contributor address; City; State; Zip Code 1216 MONTANA AVENUE EL PASO, TX 79902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VILLA, ELSA Contributor address; City; State; Zip Code 6709 PASEO REDONDO EL PASO, TX 79912	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation PROFESSOR		Contributor's job title PROFESSOR	
Contributor's employer / law firm UTEP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 19/20 Report: 21/28	
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VILLA, ROBERTO 6 Contributor address; City; State; Zip Code 1820 BEN HOGAN EL PASO, TX 79935	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation INVESTIGATOR		10 Contributor's job title INVESTIGATOR	
11 Contributor's employer / law firm FEDERAL PUBLIC DEFENDER		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VILLA, SYLVIA Contributor address; City; State; Zip Code 2600 SILVER EL PASO, TX 79930	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation COUNSELOR		Contributor's job title COUNSELOR	
Contributor's employer / law firm TEXAS WORKFORCE COMMISSION		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VIRAMONTES, J. CESAR Contributor address; City; State; Zip Code 10912 DON JANUARY EL PASO, TX 79935	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation CEO		Contributor's job title CEO	
Contributor's employer / law firm INTERNATIONAL LAUDRY SERVICES		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 23/28
2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (Ethics Commission filers) 00000001
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄		\$
5 Date of loan 01/27/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) SALAS, VICTOR	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1500 MONTANA AVNEU EL PASO, TX 79902	10 Interest rate 0
		11 Maturity date
12 Lender's Principal Occupation ATTORNEY		13 Lender's Job Title PARTNER
14 Lender's Employer/Law Firm SALAS & SALAS, LLP		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not-listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 24/28	2 FILER NAME SALAS, VICTOR	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/06/2015	5 Payee name 501 RESTAURANT
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6 Amount (\$) \$432.13	7 Payee address City; State; Zip Code 501 TEXAS AVENUE EL PASO, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUNDRAISER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/08/2015	Payee name BELTRAN'S PRINTING, INC.
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Amount (\$) \$227.33	Payee address City; State; Zip Code 6800 ALAMEDA AVENUE EL PASO, TX 79905
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUNDRAISER INVITATIONS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/27/2015	Payee name CAFE ITALIA
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Amount (\$) \$203.92	Payee address City; State; Zip Code 6705 N. MESA EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PIZZA FOR CAMPAIGN HELPERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/29/2015	Payee name CITY OF EL PASO
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Amount (\$) \$250.00	Payee address City; State; Zip Code 300 N. CAMPBELL EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FILING FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 25/28	2 FILER NAME SALAS, VICTOR	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/01/2015	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$36.35	7 Payee address City; State; Zip Code 801 SUNLAND PARK DR. EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - SUPPLIES	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> THANK YOU NOTES
	<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:
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Date 03/30/2015	Payee name OFFICE DEPOT
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Amount (\$) \$12.10	Payee address City; State; Zip Code 801 SUNLAND PARK DR. EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> COPY PAPER
	<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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Date 04/03/2015	Payee name OFFICE DEPOT
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Amount (\$) \$35.71	Payee address City; State; Zip Code 801 SUNLAND PARK DR. EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Business Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ENVELOPES
	<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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Date 02/26/2015	Payee name SAM'S CLUB
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Amount (\$) \$75.06	Payee address City; State; Zip Code 7970 N. MESA EL PASO, TX 79932
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUNDRAISER SUPPLIES
	<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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 26/28	2 FILER NAME SALAS, VICTOR	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/04/2015	5 Payee name U.S. POSTAL SERVICE
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6 Amount (\$) \$49.00	7 Payee address City; State; Zip Code EL PASO, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POSTAGE
	<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:
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Date 02/28/2015	Payee name WESTSIDE DEMOCRATS OF EL PASO
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Amount (\$) \$100.00	Payee address City; State; Zip Code 405 VALPLANO EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> BEPD BANQUET TICKETS
	<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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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 27/28		2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/08/2015		5 Business name SALAS & SALAS, L.L.P.			
6 Amount (\$) \$54.62		7 Business address City; State; Zip Code 1500 MONTANA AVENUE EL PASO, TX 79902			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - POSTAGE		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> USE OF BULK RATE PERMIT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 28/28		2 FILER NAME SALAS, VICTOR		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/08/2015		5 Payee name SALAS, VICTOR			
6 Amount (\$) \$1,000.00		7 Payee address City; State; Zip Code 1500 MONTANA AVENUE EL PASO, TX 79902			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (See instructions regarding type of information required.) INITIAL LOAN REIMBURSEMENT	

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