

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	MI
		Joe	J
	NICKNAME	LAST	SUFFIX
	Jared	Salvato	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Joe	G.
	NICKNAME	LAST	SUFFIX
		Salvato	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	3704 Park Glen Bryan, TX 77802		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	324-4001	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	7	1	24
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	5	24
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Bryan City Council - SMD 3		Bryan City Council - SMD 3
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



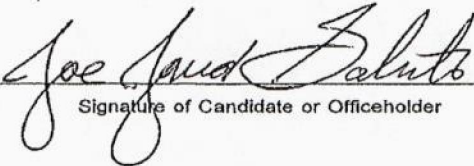
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joe Jared Salvato		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)	\$ 15,960.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,960.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 885.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 885.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,074.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 _____

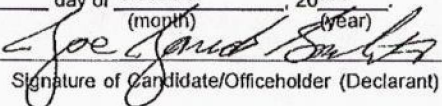
OR

(2) Unsworn Declaration

My name is Joe Jared Salvato, and my date of birth is _____

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

Executed in Brazos County, State of Texas, on the 7 day of October, 2024
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Joe Jared Salvato		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,960.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 885.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,404.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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:
2 FILER NAME Joe Jared Salvato		3 Filer ID (Ethics Commission Filers)
4 Date 07/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Bryant DeStefano 6 Contributor address; City; State; Zip Code 2703 Colony Creek Drive Bryan, TX 77808	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Brandon DeStefano Contributor address; City; State; Zip Code 1881 Little Miss Cem. Rd. Franklin, TX 77856	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Self
Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Mason Schieffer Contributor address; City; State; Zip Code 4211 Tuscany Ct Bryan, TX 77802	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Schieffer Commercial Real Estate
Date 08/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Joe Patranella Contributor address; City; State; Zip Code 1003 Rose Circle College Station, TX 77840	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Capital Farm Credit
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:
2 FILER NAME Joe Jared Salvato		3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Randy French 6 Contributor address; City; State; Zip Code 4711 Miramont Circle Bryan, TX 77802	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/20/2024	Full name of contributor out-of-state PAC (ID#: _____) George & AMy McCoy Contributor address; City; State; Zip Code 1104 Santa Rita Ct College Station, TX 77845	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Seidel Schroder
Date 07/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Aron & Hallie Hutchins Contributor address; City; State; Zip Code 200 Redbud St Bryan, TX 77801	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Michale & Joanne Patranella Contributor address; City; State; Zip Code 1506 E. 31St Bryan, TX 77802	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Self
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:

2 FILER NAME
Joe Jared Salvato

3 Filer ID (Ethics Commission Filers)

4 Date
08/20/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Joey & Jennifer Slovacheck

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
5552 Raymond Stotzer Pkwy Suite 200 College Station, TX 77845

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
Cocktails4U

Date
07/25/2024

Full name of contributor out-of-state PAC (ID#: _____)
Larry Hodges

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
5301 Woodall Ct College Station, TX 77845

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
9/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
JC & Kelly Essler

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
2705 Thornberry Dr. Bryan TX 77808

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Unknown

Date
09/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
Sam Harrison

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
409 E. 26th Street Bryan, TX 77803

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

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:
2 FILER NAME Joe Jared Salvato		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Britton & Megan Jones 6 Contributor address; City; State; Zip Code 7424 Batts Ferry Rd College Station, TX 77845	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions) Aggieland Construction, Ltd.
Date 07/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Andy & Theresa Cervantez Contributor address; City; State; Zip Code 8739 Grassbur Rd Bryan, TX 77808	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) Cervantez Construction
Date 8/2/24	Full name of contributor out-of-state PAC (ID#: _____) Jared Salvato Contributor address; City; State; Zip Code [REDACTED] Bryan, TX [REDACTED]	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Lero & Associates
Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Tim Bryan Contributor address; City; State; Zip Code 763 S. Rosemary Street Bryan, TX 77802	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

2 FILER NAME
Joe Jared Salvato

3 Filer ID (Ethics Commission Filers)

4 Date
07/25/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Joe & Pam Salvato

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3704 Park Glen Bryan, TX 77802

1,500.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
09/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
Daryl & Dionne Massey

Amount of contribution (\$)

Contributor address; City; State; Zip Code
500 S. Tabor Rd Bryan, TX 77803

200.00

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

Date
07/25/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jose Leos

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1605 Ethic Lane College Station, TX 77845

1,000.00

Principal occupation / Job title (See Instructions)
Workforce Education

Employer (See Instructions)
MDX, LLC

Date
07/25/2024

Full name of contributor out-of-state PAC (ID#: _____)
Doug & Kara French

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4808 Miravista Ct. Bryan, TX 77802

1,000.00

Principal occupation / Job title (See Instructions)
Homebuilder

Employer (See Instructions)
Stylecraft Builders, Inc.

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:**2** FILER NAME

Joe Jared Salvato

3 Filer ID (Ethics Commission Filers)**4** Date

07/27/2024

5 Full name of contributor

Bryant DeStefano

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**250.00****6** Contributor address;

City;

State;

Zip Code

2703 Colony Creek Drive Bryan, TX 77808

8 Principal occupation / Job title (See Instructions)

Farmer

9 Employer (See Instructions)

Self

Date

08/01/2024

Full name of contributor

Brandon DeStefano

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1881 Little Miss Cem. Rd. Franklin, TX 77856

Principal occupation / Job title (See Instructions)

Financial Advisor

Employer (See Instructions)

Self

Date

08/06/2024

Full name of contributor

Mason Schieffer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4211 Tuscany Ct Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Schieffer Commercial Real Estate

Date

08/08/2024

Full name of contributor

Joe Patranella

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1003 Rose Circle College Station, TX 77840

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Capital Farm Credit

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:

2 FILER NAME

Joe Jared Salvato

3 Filer ID (Ethics Commission Filers)

4 Date

09/05/2024

5 Full name of contributor

Scott & Sharon Hickle

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

914 Park Lane Bryan, TX 77802

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

09/06/2024

Full name of contributor

Kenny Lawson

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

4221 Tuscsany Ct Bryan, TX 77802

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

CC Creations

Date

09/10/2024

Full name of contributor

Andrew & Shelly Nelson

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

720 N Rosemary Dr Bryan, TX 77802

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

09/11/2024

Full name of contributor

Doug & Brittany McBride

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1963 Fickey Rd Bryan, TX 77808

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Landscaping & Construction - Owner

Employer (See Instructions)

DM Landscaping & Construction

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:
2 FILER NAME Joe Jared Salvato		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2042	5 Full name of contributor out-of-state PAC (ID#: _____) Craig Champion 6 Contributor address; City; State; Zip Code PO Box 6718 Bryan, TX 77805	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Farming		Employer (See Instructions) Self
Date 08/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Ron Smith Contributor address; City; State; Zip Code 2902 Gentlewind Ct Bryan, TX 77808	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

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:

2 FILER NAME

Joe Jared Salvato

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

.....

6 Contributor address;

City;

State;

Zip Code

11

8 Principal occupation / Job title (See Instructions)

Hospitality Management

9 Employer (See Instructions)

Alina Hospitality, LP

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)

Real Estate Development

Employer (See Instructions)

William Cole Companies

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)

Manager/Member

Employer (See Instructions)

SNF Family Corp. Inc.

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

07/31/2024

William Lero

Contributor address;

City;

State;

Zip Code

4421 Nottingham Lane Bryan, TX 77802

500.00

Principal occupation / Job title (See Instructions)

Real Estate Developement

Employer (See Instructions)

Self

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:
2 FILER NAME Joe Jared Salvato		3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jon & Allison Tucker 6 Contributor address; City; State; Zip Code 7425 Mize Rd Bryan, TX 77808	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joe Jared Salvato	3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2024	5 Payee name Anedot	
6 Amount (\$) 292.60	7 Payee address; City; State; Zip Code Unknown	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Credit Card Fees
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

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.

1 Total pages Schedule F1:	2 FILER NAME Joe Jared Salvato	3 Filer ID (Ethics Commission Filers)
4 Date 09/26/2024	5 Payee name Joe Jared Salvato	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code [REDACTED] Bryan TX [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of District	(b) Description Travel expenses
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

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.

1 Total pages Schedule F1: 4	2 FILER NAME Joe Jared Salvato	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name /	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
09/26/2024	Venue at Belle Oaks	
Amount (\$)	Payee address; City; State; Zip Code	
143.36	15075 Country Club Drive Beaumont TX 77708	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/Beverage Expense	Charity event for Little Warriors
Check if travel outside of Texas. Complete Schedule T. 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	
09/26/2024	Little Warriors Foundation	
Amount (\$)	Payee address; City; State; Zip Code	
150.00	PO BOX 2124 Brookfield WI 53008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Charity Contribution	Charity Contribution
Check if travel outside of Texas. Complete Schedule T. 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

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
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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Joe Jared Salvato	3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2024	5 Payee name Joe Jared Salvato	
6 Amount (\$) 1,901.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code [REDACTED] Bryan TX [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Political signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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 09/12/2024	Payee name Joe Jared Salvato	
Amount (\$) 1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code [REDACTED] Bryan TX [REDACTED]	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Venue Rental
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED