

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
Mr. Joe J
NICKNAME LAST SUFFIX
Jared Salvato

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Joe G.
NICKNAME LAST SUFFIX
Salvato

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year Month Day Year
10 / 27 / 24 THROUGH 12 / 31 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
11 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)
Bryan City Council - SMD 3

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|--|---|---|
| 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 22,220.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16,351.20 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5,868.80 |
| 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.

Joe Jared Salvato

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 [REDACTED]

My address is [REDACTED] Bryan, TX, [REDACTED] USA.
(street) (city) (state) (zip code) (country)

Executed in Brazos County, State of Texas, on the 13th day of January, 2025.
(month) (year)

Joe Jared Salvato

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 | \$ 22,220.00 |
| 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 | \$ 0.00 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 16,351.20 |
| 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 | \$ 0.00 |
| 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 10/29/2024 | 5 Full name of contributor out-of-state PAC (ID#: _____) David & Julia Gardner 6 Contributor address; City; State; Zip Code 730 N. Rosemary Drive Bryan, TX 77802 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) Jeweler | | 9 Employer (See Instructions) Self |
| Date 10/31/2024 | Full name of contributor out-of-state PAC (ID#: _____) Blake Kopetsky Contributor address; City; State; Zip Code 4500 . Texas Ave Bryan, TX 77803 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Insurance Broker | | Employer (See Instructions) Dexter & Co. |
| Date 11/05/2024 | Full name of contributor out-of-state PAC (ID#: _____) Jason Bienski Contributor address; City; State; Zip Code 4406 Nottingham Lane Bryan, TX 77802 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self |
| Date 11/02/2024 | Full name of contributor out-of-state PAC (ID#: _____) Comcast Corp & NBC Universal PAC Contributor address; City; State; Zip Code 170 JFK Blvd Phildelphia, PA 19103 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |
| 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 10/11/2024 | | 5 Payee name Hiltons Americans | | | |
| 6 Amount (\$) 1,140.72 | | 7 Payee address; City; State; Zip Code 1600 Lamar Street Houston, TX 77010 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel out of District | | (b) Description Hotel Stay - TML Annual Conference | | |
| | (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 11/04/2024 | | Payee name TXB Stores | | | |
| Amount (\$) 82.25 | | Payee address; City; State; Zip Code 2104 E. William J. Bryan Bryan, TX 778020 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel - In District | | Description Fuel | | |
| | 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 11/04/2024 | | Payee name Farrell Gjesdal Strategy Group | | | |
| Amount (\$) 4,188.25 | | Payee address; City; State; Zip Code 4040 Hwy 6 Suite 200 College Station, TX 77845 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense/Advertising Expense | | Description Ads and Mailers | | |
| | 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 | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/12/2024 | | 5 Payee name Hilton - College Station | | | |
| 6 Amount (\$) 91.32 | | 7 Payee address; City; State; Zip Code 801 University Drive College Station, TX 77840 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Annual B/CS Chamber of Commerce Banquet | | |
| | (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 11/13/2024 | | Payee name Republic Steakhouse | | | |
| Amount (\$) 89.00 | | Payee address; City; State; Zip Code 701 University Drive East College Station, TX 77840 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description Annual B/CS Chamber of Commerce Banquet | | |
| | 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 11/15/2024 | | Payee name Peter Millar | | | |
| Amount (\$) 292.30 | | Payee address; City; State; Zip Code Unknown | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | | Description Clothing - To be embroidered | | |
| | 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 | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|-------------------------------|
| 1 Total pages Schedule F1: | | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/18/2024 | | 5 Payee name LaSalle Hotel | | | |
| 6 Amount (\$) 66.00 | | 7 Payee address; 120 Main Street Bryan, TX 77803 | | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meeting | | |
| | (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 11/18/2024 | | Payee name Bourbon Christmas Party - 501 3(C) | | | |
| Amount (\$) 240.00 | | Payee address; Unknown | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | | Description 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 | |
| Date 11/18/2024 | | Payee name EPMC Group | | | |
| Amount (\$) 87.16 | | Payee address; 105 S. Main Street Bryan, TX 77803 | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description Meeting | | |
| | 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 | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/02/2024 | 5 Payee name Levy at Texas A&M | |
| 6 Amount (\$) 75.17 | 7 Payee address; Unknown | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (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 12/16/2024 | Payee name Cotton Patch Cafe | |
| Amount (\$) 84.00 | Payee address; 940 N. Earl Rudder Fwy Bryan, TX 77802 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Meeting |
| | 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 12/16/2024 | Payee name TXB Bryan | |
| Amount (\$) 75.00 | Payee address; 2104 E. William Joel Bryan Bryan, TX 77802 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel - In District | Description Fuel |
| | 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 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|---|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12/20/2024 | | 5 Payee name Different Day Foundation | | | |
| 6 Amount (\$) 500.00 | | 7 Payee address; Unknown | | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution/Donations | | (b) Description Different Day Foundation | | |
| | (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 12/23/2024 | | Payee name Fuego Grill | | | |
| Amount (\$) 30.13 | | Payee address; 108 Poplar Street College Station, TX 77840 | | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description Meeting | | |
| | 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 12/24/2024 | | Payee name Shutterfly | | | |
| Amount (\$) 741.87 | | Payee address; Unknown | | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Mailers | | |
| | 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 12/31/2024 | 5 Payee name Anedot |
|----------------------|------------------------|

| | | | | |
|------------------------|-----------------------------|-------|--------|----------|
| 6 Amount (\$) 24.60 | 7 Payee address; Unknown | City; | State; | Zip Code |
|------------------------|-----------------------------|-------|--------|----------|

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

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED