CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The CIOH Instruction Guide explains how to complete this form. 3 CANDIDATE / OFFICEHOLDER NAME 3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER NAME 5 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER NAME 5 CANDIDATE / OFFICEHOLDER NAME 6 CANDIDATE / OFFICEHOLDER NAME 7 CAMPAIGN TREASURER NAME 8 JARS JAR FRST MI MICHANE 1 LST EVATI MOCIANAE 1 LST EVATI Date Imaged To Manufath To Manufath EVATION TO PARTIE TO MAME TO MAM					
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4 CANDIDATE / OFFICEDLOER MALING ADDRESS /PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE MALING ADDRESS C STANDED AND ASSESS /PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE MALING ADDRESS C CANDIDATE / OFFICEHOLDER PHONE 8 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER NAME 8 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 7 CAMPAIGN TREASURER NAME 8 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 9 Jonuary 15 Solid day before dection REPORT TYPE 9 Jonuary 15 Solid day before dection REPORT TYPE 10 PERIOD 10 PERIOD 10 PERIOD 11 Solid day shore selection Phone 11 A STATE: ZIP CODE 12 OFFICE 13 Jonuary 15 Solid day before dection REPORT TYPE 14 Jonuary 15 Solid day before dection Report (MISSA CICH - FR) Phone 15 PERIOD 16 COVERED 7 1 23 THROUGH 12 31 23 17 COPICE HELD If any Primary Renolf Description Description 17 Septice Solid (Missa CICH - FR) Primary Renolf Description	NAME	NICKNAME		SUFFIX	
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TREASURER NAME Mr. EVan NICKNAME LAST EİKB TREASURER ADARESS (Residence or Business) STREET ADDRESS (No Po BOX PLEASE): APT / SUITE #; CITY; STATE: ZIP CODE BY2AN, TX 77808 CAMPAIGN TREASURER ADDRESS (Residence or Business) AREA CODE PHONE NUMBER PHONE PHONE PHONE NUMBER PHONE PHONE NUMBER PHONE PHONE NUMBER EXTENSION Rundf STREET ADDRESS (No Po BOX PLEASE): APT / SUITE #; CITY; STATE: ZIP CODE PROPERTYPE Jerusory 15 Jerusory 15 Jony 16 Sin day bafore election Rundf Exceeded Modified Reporting Limit Final Report (March CICH - Frx) Primary Rundf Day Year Through To Jay Year Through To John Day Year Through The Description Primary Rundf Discreption Discreption Discreption The Committee of Political Committees to Support The Committee of Political Committees and Resource Mark March Beau Made Without This Excelence are without the Reporting Limit The Committee of Political Committees and Political Committees to Support The Committee of Political Committees on Committees on Political Committees on Committees on Political Committees and Political Committees on Political Committees and Political Committees on Political Committees and Political Committees on Political Committees on Political Committees on Political Committees Name Committee Campaign Treasurer Address Committee Campaign Treasurer Address	5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered of Date Postmarkers
TREASURER ADDRESS 2949 Archer Drive Bryan, TX 77808 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 10 Jonupy 15 10 PERIOD COVERED 10 PERIOD COVERED 11 ELECTION DATE 12 OFFICE 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE (S) Additional Pages 15 Area Code 17 PHONE NUMBER 18 BU day before election 18 BU day before election 19 Runolf 10 PERIOD COVERED 10 PERIOD COVERED 11 Sin day after campaign treasurer appointment (officiaholder offici) 15 Bu day before election 16 Reporting Limit 17 Primary Runolf 18 Primary Runolf 19 Special 11 S OFFICE 12 OFFICE 13 OFFICE HELD [if any) 14 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THIS INFORMATION OIL VIF THEY RECEIVE NOTICE OF SUCH EXPENIOTURES. Additional Pages 16 COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER	Mr.	Evan		Date Processed
TREASURER PHONE (979) 777-5859 9 REPORT TYPE January 15 John day before election Runoff Runoff Runoff Runoff Tish day after campalign treasurer appointment (consumer to consumer	TREASURER ADDRESS	2949 Archer	Drive	SUITE #; CITY;	STATE; ZIP CODE
July 15 Sub day before election Exceeded Modified Reporting Limit Final Report (Atlach C/OH - FR) 10 PERIOD COVERED Month Day Year 7	TREASURER			EXTENSION	
THE ELECTION DATE Selection DATE Selection Type	9 REPORT TYPE			action Exceeded Modified	treasurer appointment (Officeholder Only)
Month Day Year Primary Runoff Other Description 11 / 8 / 22 General Special 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM POLITICAL COMMITTEE ON OTHER BOTH OFFICE HOLDER'S MADE BY POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OF COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME Additional Pages Additional Pages Additional Pages North Candidates And OFFICEHOLDER'S MADE BEEN MADE WITHOUT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				12	
Bryan City Council - SMD3 14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICENOLOGY. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENOLOGY. NOWLEDGE OR CONSENT. CANDIDATES AND OFFICENOLOGY. NOWLEDGE OR CONSENT. CANDIDATES AND OFFICENOLOGY. NOWLEDGE OR SUCH EXPENDITURES. Additional Pages Additional Pages Bryan City Council - SMD3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICENOLOGY. NOWLEDGE OR CONSENT. CANDIDATE'S NAOWLEDGE OR CONSENT. CA	11 ELECTION	Month Day	Year Primary	Runoff Other Description	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER SHEET 102
15 C/OH NAME Joe Salvato		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
September 1913	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s) \$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 195.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	of the \$ 0.00
	Please complete either option below	w:
NOTARY STAMP/SEAL Swom to and subscribed b 20, to certify w	refore me by this the	day of,
Signature of officer administering	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	The of officer administering date
(2) Unsworn Declaration		
My name is <u>Joe Salvato</u> My address is _	, and my date of birth is	USA .
Executed in Brazos	County, State of Texas , on the 15 day of Janar (month)	, 20

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 F	iler ID (Ethics Commi	ission	Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$;	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$;	0.00	
4.	SCHEDULE E: LOANS	\$;	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBE	UTIONS \$		195.66	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$		0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		0.00	
9.	2. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	IESS OF C/OH \$		0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$		0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED \$		0.00	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

				tino page in the re	sport.	
A STATE OF S		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E: Salaries/M	xpense Wages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N			John Processing Control of the Contr	3 Filer ID (Ethic	cs Commission Filers)
		2000/00/2000	20		V I not the terms	S Commission , no,
4 Date 07/17/2023	5 Payee na Buppy (^{ame} Catering			Annual Control of the	
6 Amount (\$)	7 Payee ad	ddress;	Marie Sans	City;	State;	Zip Code
44.84	1					
8		ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/B	severage Expense		Non-Profit Eve	ent and Dinne	er e
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austi	in, TX, officeholder fiving	a expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ime				
07/26/2023	Bar 1919	9				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
32.06						
		(See Categories listed at the top of this se	chedule)	Description		and the size of the size
PURPOSE OF	F000/B	everage Expense		Travel meal		
EXPENDITURE						
		Check if travel outside of Texas, Complete Sc	chedule T,	Check if Austin	n, TX, officeholder living	į expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
07/26/2023	Casa Ric	0			The state of the s	
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
		<u> </u>				
		(See Categories listed at the top of this so		Description		
PURPOSE OF EXPENDITURE	Food/Be	everage Expense		Travel Meal	h constitution of the constitution	
	(Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS S	CHEDULE AS NEEL	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 07/17/2023	5 Payee name Guaranty Bank & Trust		SALES STATE		
6 Amount (\$) 10.00	7 Payee address;	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Banking Expense	Service charg	е		
	(c) Check if travel outside of Texas. Complete Schedule T,	Check If Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
08/21/2023	Legends Event Center				
26.00	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Social event hosted by BISD			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	***************************************			
08/21/2023	Legends Event Center				
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food and Berverage Expense				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	istin, TX, afficeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

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)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/ContractLabor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	1977	3 Filer ID (Ethics Commission Filers)
4 Date 08/31/2023	5 Payee name Guaranty Bank & Trust	4	
6 Amount (\$) 10.00	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Banking Expense	Service charge	е
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		A
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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Complete ONLY 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 ONLY if direct	Candidate / Officeholder name	Office sought	Office held