#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** J Mr. Joe NAME Date Received NICKNAME LAST SUFFIX Jared Salvato RECEIVED 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** MAILING Bryan, **ADDRESS** JUL 1 4 2025 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** TY SECRETARY'S OFFICE PHONE Receivery OF BROWAN FIRST CAMPAIGN MS / MRS / MR MI **TREASURER** Joe Mr. G Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Salvato STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 3704 Park Glen **ADDRESS** Bryan, TX 77802 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 979 324-4001 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Day Year COVERED 15 / 25 10 / 29 / 24 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Runoff Primary Other Description Day Year 24 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Bryan City Council - SMD3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLOER. 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Jared Salvato 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 0.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 22,220.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 0.00 \$ TOTALS 15,375.80 **TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION 6,844.20 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00\$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** 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 Swom to and subscribed before me by \_\_\_\_\_\_ \_ this the \_\_\_\_ day of \_ , 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 (2) Unsworn Declaration My name is Joe Jared Salvato , and my date of birth is Bryan USA TX My address is (street) (city) (state) (zip code) (country) day of July Executed in Brazos , on the 14 \_\_\_\_\_ County, State of Texas

(month)

Signature of Candidate/Officeholder (Declarant)

### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILERN	mmission Filers)			
Ja	ared S	Salvato			
21	SUBTOTAL AMOUNT				
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.		SCHEDULE E: LOANS			
5.	П	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7,		\$			
8.		\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.		\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	
-	***************************************				

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

in the requested intermitation to the approache, 20 from include this page in the report.					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Jared Salv	vato		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Jason Bienski		7 Amount of contribution (\$)		
11/05/2024	6 Contributor address; City; 4406 Nottingham Lane Bryan, T	State; Zip Code X 77802	500.00		
8 Principal occup Realtor/Broke		9 Employer (See Instructi Self	ions)		
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)		
10/29/2024	Contributor address; City; 4500 N. Texas Ave Bryan, TX 7	State; Zip Code	100.00		
Principal occup Insurance Age	ent See Instructions)	Employer (See Instruction Self	ions)		
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)		
11/04/2024	David & Julia Gardner  Contributor address; City; State; Zip Code  730 N Riosemary Drive Bryan, TX		250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ions)		
Date	Full name of contributor out-of-state PAC (I	(ID#:)	Amount of contribution (\$)		
11/01/2024	Contributor address; City:  1701 JFK Blvd. Philaldelphia, PA	State; Zip Code	500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### 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 B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Jared Salvato	- Company and the company and		3 Filer ID (Ethics Commission Filers)		
4 Date 10/29/2024	5 Payee name Hilton Americas - Houston					
6 Amount (\$)	7 Payee address;	Ci	ity;	State; Zip Code		
1,140.72	1600 Lamar Street Houston, TX	X 77010				
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Descr	ription	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PURPOSE OF EXPENDITURE	Travel - Out of District	Hotel st	Hotel stay - TML Conference			
	(c) Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office :	Office sought Office held			
Date	Payee name					
11/04/2025	TXB					
Amount (\$) Payee address; City; State; Zip Code				State; Zip Code		
82.25	3071 University Drive E Bryan,	TX 77802				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol Travel - In District	Pescri Fuel	iption			
	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 s	sought	Office held		
Date	Payee name					
11/12/2024	Hilton Hotel					
Amount (\$)	Payee address;	Cit		State; Zip Code		
91.32	91.32 801 University Drive East College Station, TX 77840					
	Category (See Categories listed at the top of this sch	nedule) Descri	ption			
PURPOSE OF EXPENDITURE	Food/Berverage	Chambe	er of Co	ommerce Annual Banquet		
	Check if travel outside of Texas. Complete School	edule T. CI	heck if Austin	n, 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						

Revised 1/1/2025

#### 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 B Candidate/Officeholder/Politica Credit Card Payment	el Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME Jared Salvato			3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name			L		
11/13/2024	The Rebublic					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
89.00	701 University Drive E. College	e Statio	on, TX 77840			
8	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description			
PURPOSE OF	Food/Beverage		Meeting			
EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought Office held		Office held	
Date	Payee name					
11/15/2024	Peter Millar					
Amount (\$)	Payee address;		City;	State;	Zip Code	
292.30	Unknown					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Other	hedule)	Description Embroidered (	clothing for ca	ampaign	
	Check if travel outside of Texas, Complete Sch	nedule 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					
11/18/2024	La Salle Hotel					
Amount (\$)	Payee address;		City;	State;	Zip Code	
66.00	120 S. Main Street Bryan, TX 7	7803				
	Category (See Categories listed at the top of this sch	nedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense		Meeting			
	Check if travel outside of Texas, Complete Sche	edule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH					Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

www.ethics.state.tx.us

#### 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/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Printing Expense 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) Jared Salvato 4 Date 5 Payee name 11/18/2024 6 Amount (\$) 7 Payee address; City; State; Zip Code Bourbon Christmas Party - Fundraiser 327.16 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Donation Charity Donation OF EXPENDITURE (c) Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Farrel Gjesdal Strategy Group 11/04/2024 Amount (\$) Payee address; State: Zip Code 4040 Hwy 6 Ste 200 College Station, TX 77845 4,188.25 Category (See Categories listed at the top of this schedule) Description Consulting Expense Ads, mail-outs, etc. PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/02/2024 Levy TAMU Amount (\$) Payee address; City; State; Zip Code Unknown 75.17 Category (See Categories listed at the top of this schedule) Description PURPOSE Food/Beverage Meeting EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of District Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)
	Jared Sa	alvato				
4 Date	5 Payeen					
12/16/2024	Cotton I	50 50 50 50 50 50 50 50 50 50 50 50 50 5		07		7. 0. 1.
6 Amount (\$) 7 Payee address; City; State; Zip Code 940 N. Earl rudder Fwy Bryan, TX 77802				Zip Gode		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/B	everage		Meeting		
	(c)	Check if travel outside of Texas, Complete Se	chedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oil		late / Officeholder name		Office sought		Office held
Date	Payee na	ame			ANTO 60 110 ANTO 110	
12/23/2024	Fuego					
Amount (\$)	Payee a	ddress;	V.0 174	City;	State;	Zip Code
30.13	108 Poplar Street College Station, TX 778450					
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Food/B	everage		Meeting		
		Check if travel outside of Texas, Complete Sc	shedule T.	Check if Austi	tin, TX, afficehalder living expense	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				THE PARTICULAR OF THE PARTY OF
12/30/2024	IHOP					
Amount (\$) 12.75	Payee ad 758 N. E	<sup>ddress;</sup> arl rudder Fwy Bryan,	TX 778	City; 302	State;	Zip Code
	Category	(See Categories listed at the top of this so	chedute)	Description		
PURPOSE OF EXPENDITURE	Food/Be	everage		Meeting		
Check if travel outside of Texas. Complete Sc		hedule T.	ule T. Check if Austin, TX, afficeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

## 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 E Candidate/Officeholder/Politic Credit Card Payment	Fees Of Food/Beverage Expense Po	an Repayment/Reimbursement fice Overhead/Rental Expense Uling Expense inting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Jared Salvato		3 Filer ID (Ethics Commission Filers)			
4 Date 02/10/2025	5 Payee name Kroger Fuel					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
92.50	2303 Boonville Rd Bryan, TX 778		3			
8	(a) Category (See Categories listed at the top of this sched	dute) (b) Description				
PURPOSE	Travel - In district	Fuel				
OF EXPENDITURE		1, 40,				
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austi	if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OI	н					
Date	Payes name					
04/02/2025	C&J BBQ					
Amount (\$)	Payee address;	City;	State; Zip Code			
35.72	2112 W. Briargate Bryan, TX					
	Category (See Categories listed at the top of this schedu					
PURPOSE OF EXPENDITURE	Food Beverage	Meeting				
	Check if travel outside of Texas, Complete Schedu	le T. Check if Austir	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	· · · · · · · · · · · · · · · · · · ·				
04/14/2024	Bryan Viking Club					
Amount (\$)	Payee address;	City;	State; Zip Code			
00.00	Unknown					
60.00						
	Category (See Categories listed at the top of this schedu	le) Description				
PURPOSE	Donation	Charity Donatio	on			
OF EXPENDITURE						
EXPENDITORE	Check if travel outside of Texas. Complete Schedul	eT. Chack If Austin	, TX, officeholder living expense			
O	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/OF		Onice sought	Office field			
ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS NEEDED						

#### 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 (Assessment Estad above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (differ a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Jared Salvato	The state of the s	3 Filer ID (Ethics Commission Filers)		
4 Date 04/14/2025	5 Payee name Carney Pub & Grill				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
140.50	3410 S. College Ave Bryan, TX 77801				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage	Chairty Event			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		7		
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 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	a, TX, officehalder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
1.5-1/10.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		