

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: **16**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS FIRST: Magdalena MI: NICKNAME: n/a LAST: Chavez-Salomon SUFFIX:	OFFICE USE ONLY Date Received RECVD VIA EMAIL 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9711 Mason Rd Ste 125 Box 485, Richmond, TX 77407	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 660-1993	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: Alejandro MI: NICKNAME: n/a LAST: Salomon SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9711 Mason Rd Ste 125 Box 485, Richmond, TX 77407	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 660-2079	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 4 / 25 12 / 31 / 25	
11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 3 / 26 <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) n/a	13 OFFICE SOUGHT (if known) Ft Bend County Commissioner Pct 4
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> 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

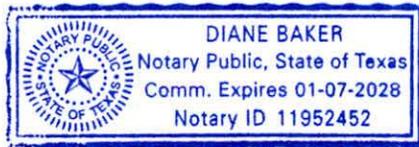
15 C/OH NAME Magdalena Chavez-Salomon		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3455.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2877.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Magdalena Chavez-Salomon
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Magdalena Chavez-Salomon this the 15 day of January, 2026, to certify which, witness my hand and seal of office.

Diane Baker Signature of officer administering oath
Diane Baker Printed name of officer administering oath
Notary Republic Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Magdalena Chavez-Salomon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1090.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2360.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 524.69
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 2353.28
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

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: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jose Chavez 6 Contributor address; City; State; Zip Code 8803 Falcon Ct Baytown TX 77521	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Emergency Response		9 Employer (See Instructions) Exxon Mobil
Date 12/09/2025	Full name of contributor out-of-state PAC (ID#: _____) Justin Romero Contributor address; City; State; Zip Code 10917 Mint Julep Dr Austin TX 78748	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) KATY ISD
Date 12/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Nereyda Chavez Contributor address; City; State; Zip Code 12026 Rice View Dr Mt Belvieu TX 77523	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Laura Rodriguez Contributor address; City; State; Zip Code 81 County Road Dayton TX 77535	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Dispatcher		Employer (See Instructions) Dayton ISD
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Vanessa Marron	7 Amount of contribution (\$) 5.00
6 Contributor address; City; State; Zip Code 6727 Hunters Creek Ln Baytown TX 77521		
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Houston Methodist
Date 12/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Wanda Tirado	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 2458 Newoak Park San Antonio TX 78230		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Adrian Avendano	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 154 Tokoma Drive Waxahachie TX 75165		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Tri Pointe Homes
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Cheryl Smith	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 21318 Park Mill Ln Katy TX 77450		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Tutor Doctor
<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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Elvia Cisneros 6 Contributor address; City; State; Zip Code 20806 Great Laurel Ct Kingwood TX 77346	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Administration		9 Employer (See Instructions) Humble ISD
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Duong Contributor address; City; State; Zip Code 19702 Hollywind Circle Houston TX 77094	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Jessica Wuisan Contributor address; City; State; Zip Code 910 Oak Creek Dr Katy TX 77450	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Maritza Gonzalez Contributor address; City; State; Zip Code 12511 Emerald Ln MontBelviue TX 77535	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) O'Neal CPA
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2025	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Miriam Gonzales	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 1939 Manor Dr Baytown TX 77521	
8 Principal occupation / Job title (See Instructions) Plymers Feedstock Coordinator		9 Employer (See Instructions) Lyondell Bassell
Date 12/12/2025	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Evelin Hernandez	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 430 Walnut Branch Dr Baytown TX 77523	
Principal occupation / Job title (See Instructions) Event planner		Employer (See Instructions) Table 7
Date 12/12/2025	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Tahnee Uceda	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 1318 Hathorn Way Dr Houston TX 77094	
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Tahnee Chestnutt Hair
Date 12/12/2025	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jacobo Chavez	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 12026 Rice View Dr Mont Belviu TX 77523	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Doggett Auto
<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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lourdes Arce 6 Contributor address; City; State; Zip Code 8658 Bridle Path Court Davie FL 33328	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Hertz Cars
Date 12/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Sinai Gonzalez Contributor address; City; State; Zip Code 21702 White Bellflower Ln Cypress TX 77433	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Supply Chain Analyst		Employer (See Instructions) Chevron Phillips
Date 12/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Gabriela Orsino Contributor address; City; State; Zip Code 720 Cedar Bayou Rd Baytown TX 77520	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Daycare owner		Employer (See Instructions) Stream of Life Academy
Date 12/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Antonia Rendon Contributor address; City; State; Zip Code 2206 Viking Ln Baytown TX 77520	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Dagoberto Salomon	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 21330 Park Green Dr Katy TX 77450	
8 Principal occupation / Job title (See Instructions) Stocker		9 Employer (See Instructions) Walmart
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Diana Herrera	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 14307 Floret Estates Ct Cypress TX 77429	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Lesly Perez	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 1415 Tamara Place Houston TX 77082	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Sugar Creek
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Nadim Bhuiyan	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 3606 Garden Grove Ct Houston TX 77082	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Daniel Silva 6 Contributor address; City; State; Zip Code 6308 Silver Thistle Ln Fulshear TX 77441	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Sample Custodian		9 Employer (See Instructions) Eurofins Enviromental Science
Date 01/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Sandra Varela Contributor address; City; State; Zip Code 4330 Autum Meadows Dr Katy TX 77449	Amount of contribution (\$) 45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 12/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Nahida Nasser Contributor address; City; State; Zip Code 6305 Westward St Apt 183 Houston TX 77081	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 12/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Pedro Medina Contributor address; City; State; Zip Code 11318 Sharpview Dr Houston, TX 77072	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Magdalena Chavez-Salomon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2360	
5 Date 12/22/20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarina Momin	8 Amount of Contribution \$ 1000	9 In-kind contribution description advertising supplies
7 Contributor address; City; State; Zip Code 3035 Dahalgren Tr Sugarland TX 77479		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/22/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srikanthan Narayana Swamy	Amount of Contribution \$ 1360	In-kind contribution description communications
Contributor address; City; State; Zip Code 1000 Main St Suite 23006 Houston, TX 77002		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	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	2 FILER NAME Magdalena Chavez-Salomon	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2025	5 Payee name Facilitron S&R	
6 Amount (\$) 362.25	7 Payee address; PO BOX 1935	City; State; Zip Code Los Gatos CA 95031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Deposit for Event
	(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 12/30/2025	Payee name Home Depot	
Amount (\$) 139.27	Payee address; 6850 S Fry Rd	City; State; Zip Code Katy TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Fundraising Expense	Description Steel posts
	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 12/14/2026	Payee name Act Blue	
Amount (\$) 7.93	Payee address; 366 Summer St	City; State; Zip Code Sommerville MA 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees
	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	2 FILER NAME Magdalena Chavez-Salomon	3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2025	5 Payee name Act Blue	
6 Amount (\$) 10.68	7 Payee address; 366 Summer St	City; State; Zip Code Sommerville MA 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing 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 12/31/2025	Payee name Act Blue	
Amount (\$) 4.56	Payee address; 366 Summer St	City; State; Zip Code Sommerville MA 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees
	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 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	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 G: 3	2 FILER NAME Magdalena Chavez-Salomon	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2025	5 Payee name Fort Bend Democrats	
6 Amount (\$) 1250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 13515 Southwest Frwy #204 <small>Check if individual's residence address.</small>	City; State; Zip Code Sugarland TX 77478
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Submission of Application for Office
	(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 12/03/2025	Payee name The UPS Store	
Amount (\$) 73.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 9711 Mason Rd Suite 125 <small>Check if individual's residence address.</small>	City; State; Zip Code Richmond TX 77407
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description PO Box Mailing Address
	<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 12/03/2025	Payee name WIX	
Amount (\$) 186.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 500 Terry A. François Blvd, <small>Check if individual's residence address.</small>	City; State; Zip Code San Francisco, CA 94158
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website
	<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

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	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 G: 3	2 FILER NAME Magdalena Chavez-Salomon	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2025	5 Payee name WIX	
6 Amount (\$) 10.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 500 Terry A. François Blvd, San Francisco, CA 94158 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Domain for website
	(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 12/04/2025	Payee name Walgreens	
Amount (\$) 34.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 20675 FM 1093 Rd Richmond TX 77407 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Posters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Payee name Walgreens	
Amount (\$) 25.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 22202 Westheimer Pkwy Katy TX 77450 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 3	2 FILER NAME Magdalena Chavez-Salomon	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) 557.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 314 Highland Blvd <small>Check if individual's residence address.</small>	City; State; Zip Code Austin TX 78752
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Van Access Pmt 1
	(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 12/21/2025	Payee name Home Depot	
Amount (\$) 28.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 6850 S Fry Rd <small>Check if individual's residence address.</small>	City; State; Zip Code Katy TX 77494
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Fundraising Expense	Description zip ties
	<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 12/27/2025	Payee name Home Depot	
Amount (\$) 186.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 6850 S Fry Rd <small>Check if individual's residence address.</small>	City; State; Zip Code Katy TX 77494
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Fundraising Expense	Description Steel posts
	<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

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