

**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	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Roel	MI
	NICKNAME	LAST Saldivar	SUFFIX
OFFICE USE ONLY PASADENA ISD			
Date Received APR 28 2017			
ACCOUNTABILITY & COMPLIANCE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	3705 Tanglebriar Dr.		
	Pasadena, TX 77503		
	Date Hand-delivered or Date Postmarked		
		Receipt #	Amount
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr. Juan	MI M.
	NICKNAME	LAST Saldivar	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	914 Jackson Ave.		CITY; STATE; ZIP CODE Pasadena, Texas 77506
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	203-5215	
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	03/28/2017		04/26/2017
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		05/06/2017	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		
Pasadena Independent School District Board of Trustees, Position 1			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 10

13 C / OH NAME Saldivar, Roel	14 Filer ID
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15 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.

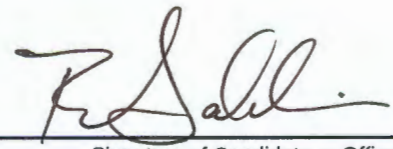
Additional Pages

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME Pasadena Liberty PAC
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS P.O. Box 6514 Houston, TX 77265
		COMMITTEE CAMPAIGN TREASURER NAME Aldape, III, Bernie
		COMMITTEE CAMPAIGN TREASURER ADDRESS 2703 Shaver Pasadena, TX 77502

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 30.55
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,222.63
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 33.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,077.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,522.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.01

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roel Saldivar, this the 28 day of April, 2017, to certify which, witness my hand and seal of office.


Signature of officer administering

Cynthia Annaldilson
Printed name of officer administering

Notary
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Saldivar, Roel	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,580.55
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 642.08
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,077.14
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/10
2 FILER NAME Saldivar, Roel		3 Filer ID
4 Date 03/28/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cano, Karina	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1712 Calico Canyon Pearland, TX 77581		
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Senior Rehab Solutions
Date 03/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Kristopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2409 Northgate Drive Weslaco, TX 78599		
Principal occupation / Job title (See Instructions) FFS		Employer (See Instructions) Dept of Health and Human Services
Date 03/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castellon, Sergio	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 507 W. Clay Houston, TX 77019		
Principal occupation / Job title (See Instructions) Finance management		Employer (See Instructions) Self employed
Date 04/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Facundo, Nora	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3108 Bond Pasadena, TX 77503		
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Walgreens
Date 03/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallardo, Juan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6314 Trebor St. Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2 FILER NAME Saldivar, Roel		3 Filer ID
4 Date 03/29/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latino Texas PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 150 W. Parker Rd. Floor 3 Houston, TX 77076		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon Capital Partners LLC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 2301 Cedar Springs Rd. Suite 200 Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Oscar	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1301 33rd St. San Diego, CA 92102		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) University of California
Date 03/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Charlie	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 448 W. 19th St. Houston, TX 77008		
Principal occupation / Job title (See Instructions) Product Support		Employer (See Instructions) Mortara Instrument
Date 04/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Anthony	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1106 Ashland Houston, TX 77008		
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) HISD

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/10	
2 FILER NAME Saldivar, Roel		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/26/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latino Texas PAC	8 Amount of contribution (\$) \$642.08	9 In-kind contribution description Staff support and compliance reporting
	7 Contributor address; City; State; Zip Code 150 W. Parker Rd. Floor 3 Houston, TX 77076	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/4 Rpt: 7/10		2 FILER NAME Saldivar, Roel		3 Filer ID	
4 Date 04/03/2017		5 Payee name Broadway Buffalo Wings			
6 Amount (\$) \$121.90		7 Payee address; City; State; Zip Code 330 Southmore Ave. Pasadena, TX 77503			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for block walkers/volunteers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/06/2017		Payee name Denny's Restaurant			
Amount (\$) \$13.48		Payee address; City; State; Zip Code 909 West Pasadena Freeway Pasadena, TX 77506			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/06/2017		Payee name Houston Sign Company			
Amount (\$) \$910.38		Payee address; City; State; Zip Code 5801 Chimney Rock Houston, TX 77081			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/4 Rpt: 8/10	2 FILER NAME Saldivar, Roel	3 Filer ID
4 Date 04/24/2017	5 Payee name Houston Sign Company	
6 Amount (\$) \$688.47	7 Payee address; City; State; Zip Code 5801 Chimney Rock Houston, TX 77081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2017	Payee name Ninfa's Restaurant	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 8553 Gulf Freeway Houston, TX 77017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for phone banking volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2017	Payee name Piryx, Inc.	
Amount (\$) \$8.20	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/4 Rpt: 9/10		2 FILER NAME Saldivar, Roel		3 Filer ID	
4 Date 04/13/2017		5 Payee name Piryx, Inc.			
6 Amount (\$) \$8.20		7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/24/2017		Payee name Piryx, Inc.			
Amount (\$) \$4.25		Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 03/28/2017		Payee name Piryx, Inc.			
Amount (\$) \$104.20		Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/4 Rpt: 10/10		2 FILER NAME Saldivar, Roel		3 Filer ID	
4 Date 04/07/2017		5 Payee name PostNet			
6 Amount (\$) \$97.43		7 Payee address; City; State; Zip Code 6725 Fairmont Parkway Pasadena, TX 77505			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign flyers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/04/2017		Payee name Sunoco			
Amount (\$) \$31.78		Payee address; City; State; Zip Code 3949 Red Bluff Rd. Pasadena, TX 77503			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for sign distribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/03/2017		Payee name Wal-Mart			
Amount (\$) \$10.57		Payee address; City; State; Zip Code 1107 Shaver St. Pasadena, TX 77503			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for block walkers/volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	