#### **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 / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 305A 2.0 dm PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR MI **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY; ZIP CODE TREASURER KIRDERS **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN EXTENSION **TREASURER** PHONE (956) 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month COVERED 29 27/2024 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Other Description Primary Runoff General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 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 CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	PAPLOS L. GARCIA	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,350 %
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - o-
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,744.90
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE OF REPORTING PERIOD	\$ 9,605.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000. 00
18 SIGNATURE I S	swear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all information
	quired to be reported by me under Title 15, Election Code.	$\sim$
	( ) ( )	
	Mary Plant	Olenta
	The Con	
	Signature of Candid	ate or Officeholder
	Please complete either option below:	
	JANIE VELASQUEZ	
(1) Affidavit	Notary ID #10037177 My Commission Expires	
(.,,	January 15, 2027	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by <u>Carlos L. Garcia</u> this the <u>2</u>	ay of March,
	which, witness my hand and seal of office.	
1 / /	/1	0.1.1.
77 6		Notary Public
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
28 (28 ) 50 ) 4	OR	
(2) Unsworn Declarati	on	
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 (month)	. 20
	(month)	, 20 (year)
	Signature of Candidate/	Officeholder (Declarant)

#### SCHEDULE A1

ii ine reques	sted information is not applicat	ne, do Not in	ciude uns page in the	report.
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME	PARLOS L GARC	TA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
1	Rulph + Susua Cou	JEN	******	11 .0.
1/30/24	RAIPH + SUSHN COL	City;	State; Zip Code	#500 6
		BROWNSO	Ille, To 78526	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	RETORI)		-	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	M+M Mooring -	MARK CI	IV€	1
2/4/24	Contributor address;	City;	State; Zip Code	#2, m. 9
		Brow	NSUITE, TX 7852	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	
	WER	g	mt m moor	ing Company
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	MICHAEL TREJO			
26/24	Contributor address;	City;	State; Zip Code	#250.00
1-1-1		HARLING	EN TX 78552	230,00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	
Ou	UNER- At TOWING		At TOWING	·c
Date	Full name of contributor	Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	ABEL GOUZNES			
216/24	Contributor address;	City;	State; Zip Code	#1,500.00
3 124( S		Browsvill	G. TEXAS	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruç	tions)
	INNOR 160-DUNGA		GHT PAVIN	
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	PARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
2/4/24		State; Zip Code	\$500.00 V
		soilly Tx 78520	
	pation / Job title (See Instructions)	9 Employer (See Instruc	
80-0u	UNTIL	Kmr Hum	ling of MILLING
Date	Full name of contributor   out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/6/24	Contributor address; City;	State; Zip Code	\$ 500.00
	Boursoil	16, Tx 78520	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
ف	- DWNOR	RML HAUling	& MILLINGS
Date		; (ID#:)	Amount of contribution (\$)
2/1/24	Contributor address; City;	State; Zip Code	\$2,000. 4
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	
	OUNTER	Schaffer s	Ste Vedoru
Date	1	: (ID#:)	Amount of contribution (\$)
2/1/24	Contributor address; City;	State; Zip Code	\$2,000.00
	pation / Job title (See Instructions)	Employer (See Instruct	
	Steve Done	Schnifor S	>46Ng.ngKg
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#### SCHEDULE A1

			• *************************************
L	Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
2/21/24	5 Full name of contributor   Out-of-state PAI  PAU FLORES  6 Contributor address; City;  BLOWLS	State; Zip Code	7 Amount of contribution (S)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	finns)
	DUNGE MANAGER	AIST	410725)
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
7/22/24		State: Zip Code	#300 a
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
	SHRIMPER	SELF-EMPL	(MG)
Date 2/23/24	Full name of contributor		Amount of contribution (\$)
	BROWN	usuille, To 78526	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
*****	DUNER	SELF-Emplo	GED Rubio Tancking
Date  23/21	Full name of contributor 🔲 out-of-state PAC  Or O, RuBiv Trac  Contributor address; City;		Amount of contribution (S)
1	E	Secursoille, Tx 78	4
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	
	UNICE.	Solf- Employe	0
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#### SCHEDULE A1

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

	e Instruction Guide explains how		is form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS L. GAT	PCTA-		3 Filer ID (Ethics Commission Filers)
1 Date  Figure 1 Date	5 Full name of contributor  SAVIER VERA 6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$)  # 250.00
1	upation / Job title (See Instructions)		9 Employer (See Instruction & Court	
2/27/24	Full name of contributor FRED ARIAS Contributor address;	□ out-of-state PA	State; Zip Code	Amount of contribution (S)  4500. 50
Principal occup	pation / Job tille (See Instructions)  RETUGD		Employer (See Instruct	
3/1/24	Full name of contributor  Eduando + Mis livedy  Contributor address;	City;		Amount of contribution (S)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 3/2/24		City;	State; Zip Code	Amount of contribution (\$)
/ 1	ation / Job title (See Instructions)	neu Viest	Employer (See Instruction  On York + GRA	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

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	e Instruction Guide explains hor		ńs form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS L. GAT	PCTA-		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  FORM RECKN	□ out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
3/3/24	6 Contributor address;	City;	State; Zip Code	\$1,000.00
(b)	upation / Job title (See Instructions,	)	9 Employer (See Instruction ON Print Com	200107
Date	Full name of contributor	Cut-of-state P	AC (ID#:)	Amount of contribution (\$)
34/24	Contributor address;	City;	State; Zip Code	#300.00
Principal occup	pation / Job title (See Instructions)  CETINE)	HOURSON	Employer (See Instruction N/A	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/4/24	Sym Mc10 Contributor address;	City;	State; Zip Code	#250 °°
	pation / Job title (See Instructions)		Employer (See Instruct	
Date	Full name of contributor  Robert Tylek	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/4/24	Contributor address;	City;	State; Zip Code	#250 <sup>12</sup>
Dringing ages		- CANCHO VI	6JU 78574	
	ation / Job title (See Instructions)  RF OF POLIG		Employer (See Instruct	ato Visão
and the Proceedings of the State Control	6			
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#### SCHEDULE A1

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		noidae dha paga m me	18port,
[	e Instruction Guide explains how to complete thi	is form.	1 Total pages, Schedule A1:
2 FILER NAME	CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
3/14/24	5 Full name of contributor Full name of contributor ALEN Rose Law 6 Contributor address; City;	C (ID#:) PIRM, P.C.  State; Zip Code  US, TV 78520	7 Amount of contribution (S)
8 Principal occu	upation / Job title (See Instructions) WWW 1564	9 Employer (See Instruc SEIF-EMPINE	***
Date 3/21/24	Community address: City;	State; Zip Code  MUING TX 7852	Amount of contribution (\$)  # 570- 12
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3/25/24	Full name of contributor   out-of-state PAC  ERLE 570/SLF ELIN GIME?  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor	Slate; Zip Code	Amount of contribution (S)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
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of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME CATELOS L. GARCEA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$ 3,000 "
5 Date 6 Full name of contributor out-of-state PAC (ID#:	
Brown suille, Tx	7952 Check if travel outside of Texas. Complete Schedule T.
OUTUEL - PRINT SHOP	SEF-EMPLOYED
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  Full name of contributor   out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description  Zip Code  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  ONCORP EVENT OF TEXT FOOD SVK	Employer (FOR NON-JUDICIAL)(See Instructions) SAF-EMPLY(E)
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)	
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#### LOANS

#### SCHEDULE E

ii tiio roquootou	i iliomation io not applicable, 20 110	· morado uno pago m ano re	po		
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	RLOS L GARCEA		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 2,000 =		
5 Date of loan	Apple 1 his Gross	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;  5592 BIRDLES OV BROWN		10 Interest rate		
Y (N)	Jasim si	V-	Maturity date		
	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral		ds were deposited into political		
none		☐ account (See Instructi	ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re	The state of the s		

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	i a i i i i i i i i i i i i i i i i i i	ct ory not listed above)
	The Instruction Guide explains how to d	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethic	s Commission Filers)
4 Date 2/2/24	5 Payee name JERRY MCHALE	<u> </u>	
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$500. °	401 CAST Ringsold Apt #507	BROWNSVIllE TX	78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***************************************
PURPOSE OF EXPENDITURE	Advertising	BL06GER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/24	JUM MONTOYA		
Amount (\$)	Payee address;	City; State;	Zip Code
#500.00	1501 OLD PORT #SABER, APT 18	BROWNEVILLE TV	78521
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	BL066ER	
	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		- //
2/10/24	FIESTA GRAPHICS		
Amount (\$)	Payee address;	City; State;	Zip Code
\$181.04	205 PAREDES LN	BROWNSVILLE TO	78521
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adviso TISING OTHER	CAMPAIGN SHIRTS	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE 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 Poilling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Control of Particles (1988)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS L GARRETA		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/24	5 Payee name Home DePot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#224.62	4551 PADRE ISLAND HA	14 BROWN	wills To 78521
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	the analysis of the second
PURPOSE OF EXPENDITURE	OTHER	Campaign	MATERIALS / Supplies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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		
3/2/24	GEORGE SANDOVAL		
Amount (\$)	Payee address;	City;	State; Zip Code
4/00 100	4663 Rowie DZ 438 -		IIIE TX 78524
	Category (See Categories listed at the top of this schedule)	Description	. 0
PURPOSE OF EXPENDITURE	WAGES	CAMPAISN	WORKER OF SIGNS
	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		
3/5/24	FIBSTA GAMPHICS	Mary -	
Amount (\$)	Payee address;	City;	State; Zip Code
\$6,044.11	205 PAREDES LA RC	BROWNSU	116 Tx 78526
	Category (See Categories listed at the top of this schedule)	Description	/
PURPOSE OF EXPENDITURE	OTHER	CAMPMEN	SIGNS/SHRTS
	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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#### 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/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Control of Control

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission File	ars)
4 Date 3/8/24	5 Payee name  GEORGE SANDOVAL			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
#200 4	4683 Rowie De #438	BROWN	M& Tx 78524	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	WAGES	CAMPAISIN POSTI	worker who of Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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			
3/8/24	LA GUERA HAMBURGER			
Amount (\$)	Payee address;	City;	State; Zip Code	ę!
\$48.25	1904 E. 14th	BROWNER	ille Tx 78521	
	Category (See Categories listed at the top of this schedule)	Description	***************************************	-
PURPOSE OF EXPENDITURE	FOUR BEVERAGE	MEALS FO	ER CAMPAIGN WURK	ERS
	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			
3/11/24	GEORGE SAN DOVAL			
Amount (\$)	Payee address;	City;	State; Zip Code	
480 W	4653 Bowie Dr. \$438	Brownsvill	e Tx 78526	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	WAGES	POSTING	WORKER OF SIGNS	
	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	
4 -	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	

#### 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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a cate	gory not listed above)	
1 Total pages Schedule F1	2 FILER NAME (ARLOS L. GARCIA		3 Filer ID (Ethic	cs Commission Filers)	
4 Date 3/11/24	5 Payee name  ERNIE RUDRIGUEZ				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
#200 4	4038 Solid DR	BROWNAVILLE TX 78521			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	WAGES	FOSTING OF SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3/11/24	HARBOR FREICHT				
Amount (\$)	Payee address;	City;	State;	Zip Code	
420.54	1601 E. Peice Rd.	BROWNS	ville Tx	78521	
	Category (See Categories listed at the top of this schedule)	Description	***************************************		
PURPOSE OF EXPENDITURE	OTHER	ampaisa Supplies Imateriais			
	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	The state of the s			
3/13/24	AMARU'S BAKERY				
Amount (\$)	Payee address;	City;	State;	Zip Code	
#100 W	6408 PAREOUS LA RO	1. Brows	ville Tx	78521	
	Category (See Categories listed at the top of this schedule)	Description	×		
PURPOSE OF EXPENDITURE	EVENT EXPLOSE FOR 3/4/24	Sweet 3	BREAD	<b>S</b>	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	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					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin Legal Services Salarie	tepayment/Reimbursement Overhead/Rental Expense (Expense g Expense ss/Wages/Contract Labor	Travel In District Travel Out Of District	Equipment & Related Expense			
	The Instruction Guide explains how t	o complete this form.					
1 Total pages Schedule F1:	2 FILER NAME WARLOS L GAR	CFA	3 Filer ID (Ethics	Commission Filers)			
4 Date 3/13/24	5 Payee name FIESTA GRAPHICS						
6 Amount (\$)	7 Payee address; 205 PAREDES W Rd	City;	State;	Zip Code 78 52 1			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description					
PURPOSE OF EXPENDITURE	OTIER	CAMPAIS	CAMPAIGN SIGNS				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date ,	Payee name						
3/14/24	GEORGE SANDOVAL	_					
Amount (\$)	Payee address;	City;	State;	Zip Code			
#IM W	4683 ROWIE DR #438	BROWN	sville Tx	78526			
	Category (See Categories listed at the top of this schedule)	Description	1 1 1 1 1				
PURPOSE		n worker					
OF EXPENDITURE	WALCES	POSTING	POSTING OF SISNS				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(	Office held			
expenditure to benefit C/OH							
Date	Payee name						
3/17/24	TRACTOR SUPPLY						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$ 108.03	1989 MILITARY HWY	BROWN	sville Tx	98 520			
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	UTITER	Compaisa	Compaign MATERIALS /POSTS				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, 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							

#### 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State: Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** CAMPAISN Shirts OF OTHER EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) 431.11 Category (See Categories listed at the top of this schedule) MEALS FOR CAMPAISE WORKERS PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name THE FUKSPOT City; Amount (\$) Payee address; State: Zip Code 1661 E. MAON GLOSA RIVD, SUITE 103, BRO WASVITTE, TX Description Category (See Categories listed at the top of this schedule) PURPOSE CAMPAIGN Ads (MATERIAL 10 TUPER OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

#### 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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee 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) CAZLOS 5 Payee name 6 Amount (\$) City; State: Zip Code 7 Payee address; 3100 No FUNTANA AVE (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check PANTING OF PRINTING EXPENSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** 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