# 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 (Et	hics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MD)	FIRST CAIZLOS LAST CARCITA		MI L. SUFFIX	OFFICEUSE  Date Received  RECEIVE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Brow	APTISUITE#; OF TEKA	CITY: STA		APR 2 6 20	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	459-2935	EXT	ension	Date Hand-delivered or Dat	The state of the s
6 CAMPAIGN TREASURER NAME	MS / MRS /(MR)  NICKNAME	FIRST  CATELOS,  LAST  GATECEN		MI A. SUFFIX	Date Imaged	Juli 4
7 CAMPAIGN TREASURER ADDRESS (Residence) or Business)	5592	(NO PO BOX PLEASE); APTISE FIRDERS CV WNS VILLE TE		om; 18524	STATE; ZIP	CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE  (GSG)	PHONE NUMBER  459-2535		ENSION		
9 REPORT TYPE	January 15	30th day before el		Runoff  Exceeded Modified  Reporting Limit	15th day after camp treasurer appointm (Officeholder Only)  Final Report (Attach	ent
10 PERIOD COVERED	Month 03	Day Year.    28   2024	THROUGH	Month	Day Year / 2624	
11 ELECTION	Month Day	Year Primary	Runoff Special	ELECTION TYPE Other Description	2	
12 OFFICE	OFFICE HELD (if any)		<b>13</b> OFFI	ICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS A SEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREA	MAY HAVE BEEN MA ED TO REPORT THIS I	DE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S K	NOWLEDGE OR
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	S		
GO TO PAGE 2						

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

			100010
The	e Instruction Guide explains how to complete ti	is form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (S)
8 Principal occu	upation / Job title (See Instructions)  SELF-EMPLY ED	9 Employer (See Instruction South-EM	
Date  FIBILY	LEONEL MERANDAU	State: Zip Code  AU VIISTO  F. TR 78571	Amount of contribution (\$)
Principal occup	Delion / Job title (See Instructions)  Althouse A Lam	Employer (See Instruct SELF-Employ	. '
4/12/2024	Full name of contributor	C (ID朱	Amount of contribution (S)
	Section / Job little (See Instructions)  What were the Line of the	Employer (See Instruct SELF- Emplo	
Pate 4   19   24	Full name of contributor		Amount of contribution (S) $4500   \text{W}$
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES (	DF THIS SCHEDULE AS NE	EDED
if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

Forms provided by Texas Ethics Commission

www.ethics.state.bx.us

Revised 1/1/2024

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains hor	v to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	PARLOS L. GAR	2cTA-			3 Filer ID (Ethics Commission Filers)
4 Data 4/2/W	5 Full name of contributor  Pal builler  6 Contributor address;  pation / Job title (See Instructions)	City:  BROWN SU	slate; zij [[le], Tx 7	Carle ESZO (See Instruc	7 Amount of contribution (S)
	(letinet)			Th	
Date	Full name of contributor	aut-ol-state PAC			Amount of contribution (\$)
f/24/24	LEZ CONSTRUCTION Contributor eddress:	Cily;	State; Zip	Code	#300 (0)
Scientific Control		BU	Soursoille:		
+mcpai occup	ation / Job title (See Instructions)  OWIVER		Employer	(See Instruct	ouction (SEZF-EMPLINED)
Date	Full name of contributor	Out-of-state PAC	(ID#		Amount of contribution (S)
4/24/24	NARCISCO ESCATEGO Contributor address;	city: Birthe Tr		Code	#250 °C
Principal occup	ation ( Job title (See Instructions)	V 17	<del></del>	(See Instruct	ions)
	Ketized		<u> </u>	(A-	
Date	Full name of contributor	Out-of-state PAC	(10株:		Amount of contribution (S)
4/24/24	12Mph + SUSIN Cours  contributor address;	city; Repowsville	State; Zip	1	4/000 P
Principal occupa	RET (REC)		Employer (	See Instructi	ons)
	Pet (Pe)		N /4		

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 for	orm. 1 Total pages Schedule A2:
2 FILER NAME CATELOS L. GARCEA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	#3250 E
5 Date 6 Full name of contributor Out-of-state PAC (ID#:	Amount of 9 In-kind contribution Contribution \$   description
4/5/2024 7 Contributor address; City; State;	
BROWNSVIII TX	7 8520 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)  RML Howling & Millia 6
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 In-kind contribution
PRIME POWER SERVICES (Luis VIII	Contribution \$ description
U 21 (204 Contributor address; City; State;	STA CIO
BIVILE, Tx	79521 Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
SELF- EMPLOYED (GWNETZ	PRIME HOWER SERVICES
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)	
ATTRACT ADDITION AT A CONTROL OF	THE COURTH FAC METER
ATTACH ADDITIONAL COPIES OF  If contributor is out-of-state PAC, please see Instruct	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

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. The Instruction	Guide explains how to complete ti	his form.	1 Total pages Schedu	ule A2:
2 FILER NAME CATELOS	s h GARCEA		3 Filer ID (Ethics Con	nmission Filers)
	IZED IN-KIND POLITICAL CO	NTRIBUTIONS	\$ 500 00	
- Date	e of contributor out-of-state PAC (ID#: 2Do SETRUA CHEF R or address; City;		Contribution \$	9 In-kind contribution description
Continue			I	le of Texas. Complete Schedule T.
DWNE	title (FOR NON-JUDICIAL) (See Instruc	St	er (FOR NON-JUDICIA LF-EMPLOYES)	
12 Contributor's principal occu	pation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUI	DICIAL (See Instructions)
14 Contributor's employer/law			of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contributor is a child, law	firm of parent(s) (if any) (FOR JUDICIA	AL)	,	/
Date Full nam	e of contributor		Amount of Contribution \$	In-kind contribution description
Contribut	or address; City;	State; Zip Code	Check if travel outside	e of Texas. Complete Schedule T.
Principal occupation / Job	title (FOR NON-JUDICIAL) (See Instruc	ctions) Employe	FOR NON-JUDICIA	L)(See Instructions)
Contributor's principal occu	ipation (FOR JUDICIAL)	Contribu	ytor's Job title (FOR JUD	DICIAL) (See Instructions)
Contributor's employer/law	firm (FOR JUDICIAL)	Law firm	n of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor is a child, law	firm of parent(s) (if any) (FOR JUDICIA	AL)	/	
If contributor	ATTACH ADDITIONAL COPIE r is out-of-state PAC, please see In			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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages, Schedule F1: 2 FILER NAME 4 Date 5 Payee name ERUGITO 6 Amount (\$) 7 Payee address; City: Zip Code Februsville TX 78520 1880 777 E. HARRISM (b) Description (a) Category (See Categories listed at the top of this schedule) 8 RETURN OF FANDS PURPOSE DTHER OF DOWNTED FROM SWEDFREET LCCT EXPENDITURE 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 DEMOCRATS OF Southern Commencety Payee address: 411124 State; Zip Code Amount (\$) 100,00 3207 MOBIL DR 78526 Category (See Categories listed at the top of this schedule) PURPOSE FORUM PARTICIDATION Even Expense 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 Payee name Amount (\$) Payee address; City; State: Zip Code SPONUNSUITY TE 3515 OVIEDU DIZ Description Category (See Categories listed at the top of this schedule) **PURPOSE** PRINTING EXPENSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 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.

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	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense Iling Expense nting Expense aries/Wages/Contract Labor w 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 CARLOS L SARCIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Payee name Tunn Montoga		
6 Amount (\$)	7 Payee address;	city: Optalie Browsin'lle	State; Zip Code
8	(a) Category (See Categories listed at the top of this sched	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	ADVENTI-	SINCO
	(c) Check If travel outside of Texas. Complete Schedu	eT. 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		
4/15/24	POBERT R. TY/ER	Willia-	
Amount (\$)	Payee address;	City;	State; Zip Code
Teo a	72 PIZARO	Romento Vies	o, TX 78575
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Consulting	PHMS	Brukiu 6
	Check if travel outside of Texas. Complete Schedu	eT. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/4	Payee name		
4/10/24	TREACTOR Supply		
Amount (\$)	Payee address; 1989 WILLTARY Hay	City;	State; Zlp Code
\$44.82	2005 & Puber Total	ड उपमण्डी ह	v16, 7 78526
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	OTHER	MOTAL STA	LES FOR SIGN POSTING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / 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 By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	The state of the s	ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME CATZLOS L GARZETA	3 Filer ID (E	thics Commission Filers)
4 Date 4 16 24	5 Payee name SANDOVAL		
6 Amount (\$)	7 Payee address;	City; State	
@ 100 a	4683 Bowie DR #438	BROWNSVIlle, TK 7	502C
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	U-16655	SIGN POSTING	
_	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/16/24	CESAR KELDON		
Amount (\$)	Payee address;	City; State	Zip Code
E 100 W	1453 YNG AVS	Brownsville TX	78521
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	WALCES	SIGN POSTING	
	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		
4/17/24	WAL-MART		
Amount (\$)	Payee address;	City; State	Zip Code
0993.10	2205 Ruper Toures	Brownsville TR	78526
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Evont Expense	Most/Great Dou	L thras
	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
	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
Consulting Expense
Contributions/Donations Made By
Candidate/Officehokter/Political Committee

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

Loan Repayment/Reimbursament 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)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services 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) CARLOS L GARRETA 4 Date Zip Code 5815 RUBON M. TOPLES \$ 55.32 Browsoille Tx (b) Description (a) Category (See Categories listed at the top of this schedule) MEALS FOR CAMPAISA WORKERS PURPOSE 4000 EXAMSE 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 Pavee name Date Omnro's Brkery City; State: Zip Code Amount (\$) 6408 PADRE ISIMD Huy Secursuille 40.70 Description Category (See Categories listed at the top of this schedule) PURPOSE Mose/Great Event Ephons FOOD EXPONSE 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 Payee name Date PNK Spot Payee address; Amount (\$) City; State; Zip Code 1601 G. ALTO Glock Blud to 3 Branswills TX Category (See Categories listed at the top of this schedule) Description Jampaga MARBRIAL **PURPOSE** PILTIUL EXPLUSE OF 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

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 Expanse Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariss/Wages/Contract Labor

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

Legal Services 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) A72los SARCIDA 4 Date Zip Code 1601 E. Alton Glock Rd. \$103 Brownsville Te 78526 \$ 179.93 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Nampaign MATERIAL PRINTING EXPENSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living exgense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name [RACTOR Supply Amount (\$ Pavee address: City; State: Zip Code 1989 MILITARY AWY PROWNSUITE, TX 78526 Category (See Categories listed at the top of this schedule) Description PURPOSE OTHER METAL STAVES FOR SILLY POSTING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name DEOPEE SMOOVAL Amount (\$) State: Zip Code 46 B3 BOWIE DR #438 SPOWNSUILLE Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF SIGU 11 Mass POSTIPCO EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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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 Consulling Expense

**Event Expense** Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Gredit 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) ARZUOS 4 Date 6 Amount (\$) City; State: Zip Code BARNARD Rel APT 23-A BROWNSULLY (a) Category (See Categories listed at the top of this schedule) 8 Schenuing of What / GREET CONFIRS PURPOSE WAGES OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living exgense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Emilia's KESTAURANT Amount (\$) City; State; Zip Code 78521 Category (See Categories listed at the top of this schedule) Description PURPOSE CAMPAIGN WORKERS Explanse OF EXPENDITURE Endly Voting MEETING Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) State: Zip Code Indas Island Any Browsville Tr 78521 Category (See Categories listed at the top of this schedule) Description Comprise Workers PURPOSE FOOD EXPENSE OF EXPENDITURE Exally Votine MOETING Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		g Expense s/Wages/Contract Labor Other (enter a category not listed above) o complete this form.
1 Total pages Schedule F1:	2 FILED NAME CAPLOS & SARCIDA	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Payee name  CARLOS L. GURCAA	
6 Amount (\$)	7 Payee address: 5592 BIRDERS CV	City; State; Zip Code
240 ce	SS92 PIRDERS CV	FROWNSUILLE TX 78524
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE OF EXPENDITURE	Event Expose	Most Korest - Adult Day Cares
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/18/24	CARLOS L GARCIA	
Amount (\$)	Payee address: BIRDSPS (V	City; State; Zip Code
mo.50	5572 ORUGE CO	Brownsulle Tx 78526
	Category (See Categories listed at the top of this schedule)	MEET/GREET - Adult Day CARRE
PURPOSE OF EXPENDITURE	Event Expense	Sweet Brand
	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
	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	S 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
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
Others (or the programment listed above)

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) (CARLOS 4 Date WING autor 6 Amount (\$ 2205 E. Puper Topas SR Blud BROWNSVIlle 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OPFICE SUPPLIES / ATRICKES **PURPOSE** OTIAZER EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name TEXTING FOR LESS 4/72/24 Payee address; 354 State St. Sta 201 Amount (\$) City; State: Zip Code HACKGNEACK, HIS NJ \$ 1,700 07601 Category (See Categories listed at the top of this schedule) Description **PURPOSE** TEXT MESSALES SUPPORTING Adventising Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date TARO VALENGUE Amount (\$) Payee address; City; State; Zip Code UZZ7 N. EXPRESS WAY Spownsvilles TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** Compaign working Palls 500 Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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 CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expanse Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) ATZLOS 4 Date 5 Payee name 6 Amount (\$) Zip Code Know VIETO, VIZARO (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Consulting OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living exgense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Broken sprockett address; 305 Parades Lu Rd. Amount ( Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE 6 REET OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name CESAR RENDON Amount (\$) Payee address; State: Zip Code BROWNSVILLE TX 200 Category (See Categories listed at the top of this schedule) Description PURPOSE WAGES OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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 CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Geverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selsrias/Menes/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries	/Wages/Contract Labor	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:	2 FILEDNAME L GARCIDA		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2024	5 Payee name ROBERTO RIVERA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$00°	1713 HARDING St.		TX 78521
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		1	mpaigning
OF EXPENDITURE	WAGES	(Amparigin	ee Tarker 12 min
	(C) Check if traval outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/25/2024	ROBERT R. TYLER		
Amount (\$)	Payee address;	City;	State; Zip Code
# gro co	72 PIZARO D	meto VIETO 1	TX 78575
Victor Paragraphic Section and Control of Co	Category (See Categories listed at the top of this schedule)	Description	A CONTRACTOR OF THE PARTY OF TH
PURPOSE OF EXPENDITURE	Consulting	Phone BM	nkin 6
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/25/2024	AMARO'S BAKERY		
Amount (\$)	Payee address;	City;	State; Zip Gode
#123.50	4408 SPI Awy	Brownsville	
	Category (See Categories listed at the top of this schedule)	Description	And the second s
PURPOSE		1	
OF EXPENDITURE	Event Explanse	MEET / GREE	et @ Adult Dayoare
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T)	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		(2006) and (2007) (2004) (2007) (2007)	
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
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 (only a set second to the second

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME CARLOS L GARROA	3 Filer ID (Ethics Commission Filers)	
4 Date   18/24	5 Payee name CARROS A GARCIA		
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; 5592 BIRDERS CV =	City; State; Zip Code  Bownsville, TK 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)	MEST GREET @ Adult Dry PARES	
	(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 4 (18/24	Payee name CARLOS & GARCETA		
Amount (\$)  Reimbursement from political contributions intended	Payee address; 5592 English QV	City; State; Zip Code PROWNSUITE, TEXAS 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Most/ Greet @ Adul + Day Cares	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule 7.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Capdidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	ARLOS L GMECTA	16 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 -
-	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,300,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 9366.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 5,723.18
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$O
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information  Olivera
	Signature of Ca	andidate or Officeholder
,		
	Please complete either option below	v:
(1) Affidavit	NIDIA MAGALI OVALLE Notary ID #126087722 My Commission Expires March 23, 2027	
NOTARY STAMP/SEA	AL AL	0.40 00
	before me by larly b Laca this the	day of,
20 14 to certif	ywhich, witness my hand and seal of office.	Notary
Signature of officer adminis	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarate	OR OR	
A STATE OF THE STA	, and my date of birth is	
My address is	(street) (city)	state) (zip code) (country)
Executed in	County, State of, on the day of(mont	MINISTER OF THE STATE OF THE ST
	Signature of Cand	date/Officeholder (Declarant)