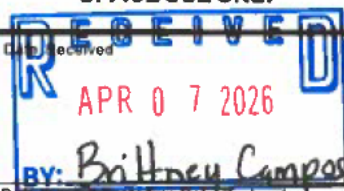


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY  Date Hand-Delivered or Date Postmarked 04-07-2026 3:30PM Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David	MI A.	
	NICKNAME	LAST Garcia	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
Jan / 16 / 2026 THROUGH April / 2 / 2026				

6 EXPLANATION OF CORRECTION

Due to a computer glitch names of two donors did not appear on report.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

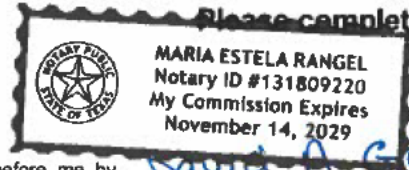
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

David Garcia
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by David A. Garcia this the 7th day of April 2026, to certify which, witness my hand and seal of office.

[Signature] Maria Estela Rangel Notary Public
Signature of officer administering oath Printed name of officer administering oath 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____.

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 14
2 FILER NAME David A. Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar Garcia <hr/> 6 Contributor address; City: State: Zip Code [REDACTED] Chula Vista CA 91915	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fighting for South Texas PAC <hr/> Contributor address; City: State: Zip Code [REDACTED] McAllen TX 78501	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Caldwell <hr/> Contributor address; City: State: Zip Code [REDACTED] San Antonio TX 78216	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Pedraza <hr/> Contributor address; City: State: Zip Code [REDACTED] Highland Park Illinois 60035	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		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.