

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Elba

NICKNAME

LAST

SUFFIX

Garcia

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

618 W. Jefferson

Dallas, TX 75208

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 946 - 2277

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs

Anastasia

"Tassie"

NICKNAME

LAST

SUFFIX

Semos.

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2716 Antero Dr

Arlington, TX 76006

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 217 - 5750

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

9 / 30 / 2022

THROUGH

Month

Day

Year

10 / 28 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

10 / 08 / 2022

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Dallas County Commissioner Dist 4

13 OFFICE SOUGHT (if known)

Dallas County Commissioner Dist 4

14 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

Additional Pages

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

FILED
2022 OCT 31 PM 3:59
JUDITH F. WATKIN
COUNTY CLERK
DALLAS COUNTY
REPUBLICAN PARTY

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,000. ⁰⁰
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 29,912. ³⁶
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-13-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Apartment Association of Greater Dallas PAC</i> 6 Contributor address; City; State; Zip Code <i>5728 LBS Frwy Suite 100 Dallas, TX 75240</i>	7 Amount of contribution (\$) <i>1,000.00</i>
8 Principal occupation / Job title (See Instructions) <i>Apartment Association</i>		9 Employer (See Instructions) <i>PAC</i>
Date <i>10-13-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Black</i> Contributor address; City; State; Zip Code <i>751 Kessler Luke Dr. Dallas, TX 75208</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions) <i>CEO On-Target Supplies & Logistics</i>		Employer (See Instructions) <i>CEO -</i>
Date <i>10-14-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veletta Forsythe Hill</i> Contributor address; City; State; Zip Code <i>622 Blair Blvd Dallas TX 75223</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>10-15-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie & Michael Lowenberg</i> Contributor address; City; State; Zip Code <i>2828 Hood St Apt 1102 Dallas, TX 75219</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>

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:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-15-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catalina E. Garcia MD</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>10455 N. Central Expressway #109-314 Dallas, TX 75231</i>	
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>10-17-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Herrera</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>3555 Golfing Green Dr. Farmers Branch TX 75234</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>District Attorney</i>
Date <i>10-17-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bridget Lopez</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>2777 N. Stemmons Freeway Suite 1000 Dallas TX 75229</i>	
Principal occupation / Job title (See Instructions) <i>Partner</i>		Employer (See Instructions) <i>Linebarger Attorneys at Law</i>
Date <i>10-17-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Ponce</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>627 St. Augustine Rd Dallas, TX 75217</i>	
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Picasso Contractors L</i>

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:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-17-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wanda Zamorano</i> 6 Contributor address; City; State; Zip Code <i>531 Ranch Trail #157 Fring TX 75063</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not employed.</i>
Date <i>10-18-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pete Schenk</i> Contributor address; City; State; Zip Code <i>614 N. Bishop Ste 3 Dallas TX 75208</i>	Amount of contribution (\$) <i>300.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Lozano</i> Contributor address; City; State; Zip Code <i>3630 Harry Hines Blvd Dallas TX 75219</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Cara Mia Theatre</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Bach</i> Contributor address; City; State; Zip Code <i>7258 Summit Parc Dr. Dallas TX 75249</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Medical Interpreter</i>		Employer (See Instructions) <i>Portland Health</i>

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reina Gonzalez</i>	7 Amount of contribution (\$) <i>500.00</i>
<i>10-21-22</i>	6 Contributor address; City; State; Zip Code <i>10022 Fieldcrest Dallas, TX 75238</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Gonzalez Law Group.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Candace Valenzuela</i>	Amount of contribution (\$) <i>100.00</i>
<i>10-21-22</i>	Contributor address; City; State; Zip Code <i>3925 Saint Christopher Ln Dallas TX 75289</i>	
Principal occupation / Job title (See Instructions) <i>Department of Housing</i>		Employer (See Instructions) <i>Regional Administrator</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Madeline McClure</i>	Amount of contribution (\$) <i>250.00</i>
<i>10-21-22</i>	Contributor address; City; State; Zip Code <i>9019 Broken Arrow Ln Dallas, TX 75209</i>	
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Krisi Kastl</i>	Amount of contribution (\$) <i>250.00</i>
<i>10-21-22</i>	Contributor address; City; State; Zip Code <i>4144 N. Central Expressway Dallas, TX 75204</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Kastl Law</i>
<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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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-21-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susie Rios</i>	7 Amount of contribution (\$) <i>500.00</i>
	6 Contributor address; City; State; Zip Code <i>8823 Merritt Rd. Rowlett, TX 75089</i>	
8 Principal occupation / Job title (See Instructions) <i>Assistant Principal</i>		9 Employer (See Instructions) <i>DISD</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda Lara</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>308 Laurel Trail Dr. Terrell, TX 75160</i>	
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juanita Vanez</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>3842 Medallion Lane Dallas, TX 75229</i>	
Principal occupation / Job title (See Instructions) <i>H-R Consultant</i>		Employer (See Instructions) <i>H-R Provisions/self</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Valdez</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>6910 Golf Hill Dr. Dallas, TX 75232</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Stewart J Buss & Assoc.</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
2 FILER NAME <i>Dr. Elba Goran</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-21-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosario Gallo</i>	7 Amount of contribution (\$) <i>20.00</i>
6 Contributor address; City; State; Zip Code <i>5565 Preston Oaks Rd Apt 146 Dallas, TX 75255</i>		
8 Principal occupation / Job title (See Instructions) <i>Consultant</i>		9 Employer (See Instructions) <i>Neiman Marcus</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sean R. Cox</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>10022 Fieldwest Dr. Dallas, TX 75238-1852</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		Employer (See Instructions) <i>Gonzalez Law Group</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Delia Jasso</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>821 Haines Ave Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Self</i>
Date <i>10-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vaincel Jones Hill</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1627 Acapulco Dr. Dallas, TX 75232</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		Employer (See Instructions) <i>Self</i>
<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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1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

10-21-22

5 Full name of contributor out-of-state PAC (ID#: _____)

Mark & Linda Wasserich

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

*5221 Pebblebrook Dr.
Dallas, TX 75229*

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired.

Date

10-22-22

Full name of contributor out-of-state PAC (ID#: _____)

Haryeite Ehrhardt

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

*5731 Swiss Ave
Dallas, TX 75214*

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired.

Date

10-24-22

Full name of contributor out-of-state PAC (ID#: _____)

Ruben Esquivel

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

*1214 Hanna Circle
De Soto, TX 75115*

Principal occupation / Job title (See Instructions)

Vice President of U.T.S.W

Employer (See Instructions)

U.T.S.W Medical Center

Date

10-26-22

Full name of contributor out-of-state PAC (ID#: _____)

Noel Santini

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

*3460 Mockingbird Ln
Dallas, TX 75205*

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Portland

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

10-26-22

5 Full name of contributor

Carol C. Donnan & Daniel P. Donovan

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address; City; State; Zip Code

*6509 Malcom Dr.
Dallas, TX 75214-3106*

8 Principal occupation / Job title (See Instructions)

Attorney at Law

9 Employer (See Instructions)

Self.

Date

10-26-22

Full name of contributor

Santiago "Jim" Salinas

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

*1527 W. Colorado Blvd.
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10-26-22

Full name of contributor

Paulene Medrano

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

*2346 Dangle Ave
Dallas, TX 75219*

Principal occupation / Job title (See Instructions)

County Treasurer

Employer (See Instructions)

Dallas County

Date

10-26-22

Full name of contributor

Tanya A. Ragan

Amount of contribution (\$)

250.⁰⁰

Contributor address; City; State; Zip Code

*4305 Pearl Expressway
Dallas, TX 75201*

Principal occupation / Job title (See Instructions)

Property Manager.

Employer (See Instructions)

Wild Cat Management

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-26-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. Augusten V. Juliano</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>607 W. County Dallas, TX 75208</i>		
8 Principal occupation / Job title (See Instructions) <i>Director.</i>		9 Employer (See Instructions) <i>St. Vincent de Paul.</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Perez Hurley</i>	Amount of contribution (\$) <i>55.⁰⁰</i>
Contributor address; City; State; Zip Code <i>10432 High Hollows Dr #141 Dallas, TX 75230</i>		
Principal occupation / Job title (See Instructions) <i>Financial Services Associate</i>		Employer (See Instructions) <i>Freeman</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vitaly Luner</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>623 Haines Ave Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Vitaly Luner</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vandella Meriffee</i>	Amount of contribution (\$) <i>50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5431 Childress Dr. Grand Prairie, TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not employed</i>
<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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4 Date <i>10-26-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aurora Velarde</i>	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code <i>4521 Bessie Dr. Dallas, TX 75211</i>		
8 Principal occupation / Job title (See Instructions) <i>Program Manager.</i>		9 Employer (See Instructions) <i>First American</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mania Romero</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6946 George Brown Dr. Garland, TX 75043</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Garcia</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>12016 Shahmar Dr. Denton TX 76207</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Delia Watley</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2116 Cay Ct. Fruing, TX 75060</i>		
Principal occupation / Job title (See Instructions) <i>Program Manager.</i>		Employer (See Instructions) <i>Fruing ISD.</i>
<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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2 FILER NAME <i>Dr Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-24-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jamie R. Bush</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>10442 Brockbank Dr. Dallas, TX 75229</i>		
8 Principal occupation / Job title (See Instructions) <i>Office Manager.</i>		9 Employer (See Instructions) <i>Trinity Trust Foundation</i>
Date <i>10-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Felix Zamora</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>4127 Kainsony Dr Dallas TX 75287</i>		
Principal occupation / Job title (See Instructions) <i>Retired DCCCD President</i>		Employer (See Instructions) <i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

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 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-12-2022</i>	5 Payee name <i>Beyond The Slogan</i>	
6 Amount (\$) <i>10,000.00</i>	7 Payee address; City; State; Zip Code <i>2710 Routh Creek Parkway Suite 4120 Richardson TX 75082</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Canvassing</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>10-19-22</i>	Payee name <i>Beyond The Slogan</i>	
Amount (\$) <i>7,500.00</i>	Payee address; City; State; Zip Code <i>2710 Routh Creek Parkway Suite 4120 Richardson TX 75082</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Canvassing</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>10-23-22</i>	Payee name <i>Latino Communications Group.</i>	
Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>Po Box 4773 Dallas TX 75208</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Web site Maintenance</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-26-22</i>	5 Payee name <i>Restly Echols Printing Inc.</i>
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6 Amount (\$) <i>4,286.¹⁰</i>	7 Payee address <i>1710 South Harwood Dallas, tx 75215</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Mail out printing</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-26-22</i>	Payee name <i>The Order Desk.</i>
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Amount (\$) <i>7,068⁷⁶</i>	Payee address; <i>9840 Monroe Dr. Ste 104 Dallas tx 75220</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Mail out postage.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-26-22</i>	Payee name <i>Act Blue</i>
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Amount (\$) <i>56.90</i>	Payee address; <i>P.O. Box 441148 Somerville Ma. 0214</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Banking Expense.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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