

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:

OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Dr Elba

NICKNAME LAST SUFFIX
Garcia

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*418 W. Jefferson
Dallas, Tx 75208*

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 946-2277

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Anastasia "Tasie"

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*

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 Month Day Year
07 / 01 / 23 THROUGH *12 / 31 / 2023*

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

/ / General Special

12 OFFICE

OFFICE HELD (if any)
Dallas County Comm. Dist. 4

13 OFFICE SOUGHT (if known)

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.

<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,725. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,753. ²⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,458. ²⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 143,774. ⁰⁰

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

Dr. Elba Garcia

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Krystal Thomas this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dr. Elba Garcia, and my date of birth is 6-1-61.
 My address is 618 W. Jefferson Blvd., Dallas, TX, 75208 Dallas.
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 12 day of January, 2024.
(month) (year)

Dr. Elba Garcia
Signature of Candidate/Officeholder (Declarant)

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,925. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,753. ²⁴
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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>7-1-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Johnson</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>P.O. Box 223 Cedar Hill TX 75106</i>	
8 Principal occupation / Job title (See Instructions) <i>Judge.</i>		9 Employer (See Instructions) <i>Dallas County.</i>
Date <i>7-10-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Dingman</i>	Amount of contribution (\$) <i>1000.00</i>
	Contributor address; City; State; Zip Code <i>13223 Glad Acres Dr. Dallas TX 75234</i>	
Principal occupation / Job title (See Instructions) <i>Not employed.</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>10-19-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Huerta</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1414 Cedar Hill Ave Dallas TX 75208</i>	
Principal occupation / Job title (See Instructions) <i>Not employed.</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>10-19-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Dalton</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>8552 Royal County Down Dr. McKinney TX 75070</i>	
Principal occupation / Job title (See Instructions) <i>Political Consultant</i>		Employer (See Instructions) <i>Self 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

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>10-19-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nector Cantu</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>304 Lawndale Dr. Richardson, TX 75080</i>		
8 Principal occupation / Job title (See Instructions) <i>Writer.</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>12-08-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Dominguez</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>613 Thorwood Trail Grand Prairie, TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>SELF/North Texas Elite Events</i>		Employer (See Instructions) <i>SELF</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>7-17-23</i>	5 Payee name <i>Act Blue Texas</i>	
6 Amount (\$) <i>39.50</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 441146 Somerville, Ma 02144</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Banking Fees</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8-14-23</i>	Payee name <i>Act Blue Texas</i>	
Amount (\$) <i>9.88</i>	Payee address; City; State; Zip Code <i>P.O. Box 441146 Somerville Ma. 02144</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Banking Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>7-10-23</i>	Payee name <i>Latino Communications Group</i>	
Amount (\$) <i>1,000.⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. 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>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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)
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4 Date <i>7-14-23</i>	5 Payee name <i>City of Grand Prairie</i>
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6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>1525 Arkansas Ln, Grand Prairie TX 75052.</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution/Donation made by office holder</i>	(b) Description <i>Unidos Program Donation</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>7-14-23</i>	Payee name <i>Grand Prairie Rotary</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>P.O Box 530182 Grand Prairie TX 75053</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Dues -</i>	Description <i>Quarterly Fees.</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>7-17-23</i>	Payee name <i>Latino Communications Group</i>
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Amount (\$) <i>1500.00</i>	Payee address; City; State; Zip Code <i>P.O Box 4773 Dallas TX 75208</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Web site maintenance</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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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	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>8-9-23</i>	5 Payee name <i>Texas AFL-CIO</i>	
6 Amount (\$) <i>110.00</i>	7 Payee address; City; State; Zip Code <i>1408 N. Washington - Suite 240 Dallas, TX 75204</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <i>Ticket - 1/4 add in program</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>8-21-23</i>	Payee name <i>Amazon</i>		
Amount (\$) <i>81.20</i>	Payee address; City; State; Zip Code <i>410 Terry Ave. W Seattle Washington 98109</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense Gift Expense</i>	Description <i>Veterans luncheon gifts</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>8-22-23</i>	Payee name <i>Latino Communications Group</i>		
Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>P.O 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>
	<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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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)	
4 Date <i>9/05/23</i>		5 Payee name <i>South West Jewish Congress</i>			
6 Amount (\$) <i>200.00</i>		7 Payee address: <i>P.O Box 700116 Dallas TX</i>		City: <i>Dallas</i>	State: Zip Code <i>TX 75370</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Ticket / Quarter page ad</i>		
	<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					
Date <i>9-18-23</i>		Candidate / Officeholder name <i>Latino Communications Group</i>			
Amount (\$) <i>1000.00</i>		Payee address: <i>P.O Box 4473 Dallas TX 75208</i>		City: <i>Dallas</i>	State: Zip Code <i>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>		
	<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					
Date <i>9-22-23</i>		Candidate / Officeholder name <i>Amazon</i>			
Amount (\$) <i>101.69</i>		Payee address: <i>410 Terry Ave N Seattle Washington 98109</i>		City: <i>Seattle</i>	State: Zip Code <i>Washington 98109</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Hispanic Heritage Month Records Event</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					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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					

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>9/27/23</i>	5 Payee name <i>Amazon</i>	
6 Amount (\$) <i>240.84</i>	7 Payee address: City: State: Zip Code <i>410 Terry Ave W Seattle Washington 98109</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Hispanic Heritage Month Records Bldg. event.</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
Date <i>10-11-23</i>	Payee name <i>Eddie Raphael Hernandez</i>	
Amount (\$) <i>500.00</i>	Payee address: City: State: Zip Code <i>11368 Lanewood Circle Dallas TX 75218</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>360 Video For Noche Latina</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
Date <i>10-11-23</i>	Payee name <i>Bubble Head Caricatures</i>	
Amount (\$) <i>250.00</i>	Payee address: City: State: Zip Code <i>710 N.E 19th St Grand Prairie TX 75050</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Noche Latina caricatures Hispanic Heritage Month</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

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)
4 Date <i>10-19-23</i>	5 Payee name <i>Latino Communications Group</i>	
6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>P.O Box 224183 Dallas TX 75208</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Web site maintenance</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
Date <i>10-20-23</i>	Payee name <i>Grand Prairie Rotary</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>P.O Box 530182 Grand Prairie TX 75033</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Dues</i>	Description <i>Quarterly Fees</i>
	(c) <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
Date <i>11-23-23</i>	Payee name <i>Latino Communications Group</i>	
Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>P.O Box 224183 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) <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

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 Garau</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-22-23</i>	5 Payee name <i>Latino Communications Group</i>	
6 Amount (\$) <i>1,000.00</i>	7 Payee address: City; State; Zip Code <i>P.O. Box 224183 Dallas TX 75208</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting fees</i>	(b) Description <i>web site maintenance</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
Date <i>11-08-23</i>	Payee name <i>Act Blue Texas</i>	
Amount (\$) <i>15.18</i>	Payee address: City; State; Zip Code <i>P.O. Box 441146 Somerville Ma 02146</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>Banking fees</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
Date <i>12-13-23</i>	Payee name <i>Act Blue Texas</i>	
Amount (\$) <i>4.95</i>	Payee address: City; State; Zip Code <i>P.O. Box 441146 Somerville Ma 02146</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>Banking fees</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