

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

NICKNAME

LAST

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

7 / 01 / 2021

THROUGH

12 / 31 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 01 / 22

ELECTION TYPE



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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

FILED
2022 JAN 18 PM 3:55
JOHN J. WARRREN
COUNTY CLERK
DALLAS COUNTY

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)	\$ 3,042.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,478.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 36,705.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 130,000

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 11/11/1961
 My address is 618 W. Jefferson, Dallas, TX, 75208, U-S-A
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of TX, on the 18 day of January, 2022
(month) (year)

 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	\$ 3,042.00
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	\$ 6,478.01
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.

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule A1:</p>
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<p>2 FILER NAME <i>Dr. Elba Garcia</i></p>	<p>3 Filer ID (Ethics Commission Filers)</p>
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<p>4 Date <i>7-13-21</i></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adam Bazaldua</i></p>	<p>7 Amount of contribution (\$) <i>77.00</i></p>
<p>6 Contributor address; City; State; Zip Code <i>6926 Belteac Ln Dallas TX 75227</i></p>		

<p>8 Principal occupation / Job title (See Instructions)</p>	<p>9 Employer (See Instructions)</p>
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<p>Date <i>7-29-21</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin Hoppman</i></p>	<p>Amount of contribution (\$) <i>100.00</i></p>
<p>Contributor address; City; State; Zip Code <i>P.O Box 59442 Dallas, TX 75229</i></p>		

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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<p>Date <i>7-31-21</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Dominguez</i></p>	<p>Amount of contribution (\$) <i>250.00</i></p>
<p>Contributor address; City; State; Zip Code <i>613 Thornwood Trail Grand Prairie, TX 75052</i></p>		

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
--	------------------------------------

<p>Date <i>10-07-21</i></p>	<p>Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Azucena Berlanga</i></p>	<p>Amount of contribution (\$) <i>20.00</i></p>
<p>Contributor address; City; State; Zip Code <i>3411 Gibsondell Ave Dallas TX 75211</i></p>		

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
--	------------------------------------

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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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>11-10-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elvia Wallace Martinez</i>	7 Amount of contribution (\$) <i>50.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4528 Knights Crossing Cedar Park TX 75052</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12-14-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Rader</i>	Amount of contribution (\$) <i>1000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>Po Box 249 Colleyville, TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12-14-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erika Ledford</i>	Amount of contribution (\$) <i>25.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1608 Bob Drive Royse City, TX 75189</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions)
Date <i>12-14-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Casarez</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>197 PR 6089 Cameron, TX 76520</i>		
Principal occupation / Job title (See Instructions) <i>Realtor</i>		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.

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

Dr. Elba Garua

3 Filer ID (Ethics Commission Filers)

4 Date

12-18-21

5 Full name of contributor

Judy Pollock

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2514 Perryton Dr. Dallas TX 75224

8 Principal occupation / Job title (See Instructions)

Not employed

9 Employer (See Instructions)

Date

12-18-21

Full name of contributor

Wanda Zamorano

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

531 Ranch trail #157 Irving, TX 75063

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Date

12-18-21

Full name of contributor

Aurora Velarde

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

4521 Bessie Drive Dallas, TX 75211

Principal occupation / Job title (See Instructions)

Financial Services

Employer (See Instructions)

Date

12-18-21

Full name of contributor

Nancy Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1821 Piedmont St. Irving, TX, 75061

Principal occupation / Job title (See Instructions)

v.P Student Affairs

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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>12-22-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Camarillo</i>	7 Amount of contribution (\$) <i>1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3 Richmond Ct Wansfield, TX 76063</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)

Date <i>12-30-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Jones-Johnson</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>429 White Stone Hill Dr De Soto, TX 75115</i>		
Principal occupation / Job title (See Instructions) <i>Judge</i>		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)

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)

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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	3 Filer ID (Ethics Commission Filers)
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4 Date 8-2-21	5 Payee name Act Blue
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6 Amount (\$) 3.05	7 Payee address; P.O Box 441146 Somerville, Ma 02144 City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Banking expense
	(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 8-2-21	Payee name Act Blue
----------------	------------------------

Amount (\$) 13.83	Payee address; PO Box 441146 Somerville, Ma 02144 City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Banking expense
	<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 10-15-21	Payee name Act Blue
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Amount (\$) .794	Payee address; P.O Box 441146 Somerville, Ma 02144 City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Banking expense
	<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>11-26-21</i>		5 Payee name <i>Act Blue</i>			
6 Amount (\$) <i>1.98</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 expense</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	
Date <i>11-26-21</i>		Payee name <i>Act Blue</i>			
Amount (\$) <i>3.95</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 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-30-21</i>		Payee name <i>Act Blue</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 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 <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 | 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>7-13-21</i>	5 Payee name <i>Informate DFW</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>P.O Box 4773 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>8-5-21</i>	Payee name <i>The Mexico Institute</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>928 Sandalwood Ave Richardson TX 75080</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation</i>	Description <i>Emmy Award</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>8-5-21</i>	Payee name <i>Dallas County Central Labor Council</i>	
Amount (\$) <i>170.00</i>	Payee address; City; State; Zip Code <i>1408 N. Washington Ave Dallas TX 75204</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense / Advertisement</i>	Description <i>Labor Day breakfast ticket and 1/4 page ad d.</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

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 Expense | 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>8-5-21</i>	5 Payee name <i>The Dallas Assembly</i>	
6 Amount (\$) <i>50.00</i>	7 Payee address; City; State; Zip Code <i>12900 Preston Rd Dallas TX 75230 Ste 1210</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Welcome back Bush.</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>8-5-21</i>	Payee name <i>Elite News</i>		
Amount (\$) <i>115.00</i>	Payee address; City; State; Zip Code <i>P.O Box 380017 Duncanville TX 75183</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>1/4 page ad Women of Wisdom 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	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-19-21</i>	Payee name <i>Rotary Club of Grand Prairie</i>		
Amount (\$) <i>450.00</i>	Payee address; City; State; Zip Code <i>P.O Box 530182 Grand Prairie TX 75053</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>membership dues.</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>8-24-21</i>	5 Payee name <i>Jon Love</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>801 Haines Ave 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>Solicitation / Fundraising expense</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>8-27-21</i>	Payee name <i>Communities in School - Dallas Region</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>1341 W. Mockingbird Ln Suite 1000 E Dallas TX 75247</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation</i>	Description <i>Backpacks</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>9-9-21</i>	Payee name <i>Informate DPW</i>	
Amount (\$) <i>500.00</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

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 Garau</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-21-21</i>	5 Payee name <i>Informate DFW</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 4173 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-26-21</i>	Payee name <i>Oak Cliff Print.</i>		
Amount (\$) <i>508.78</i>	Payee address; City; State; Zip Code <i>734 W. Jefferson Dallas TX 75208</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>letterheads - envelopes & cards.</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>11-14-21</i>	Payee name <i>Dallas County Democratic Party</i>		
Amount (\$) <i>1,250.00</i>	Payee address; City; State; Zip Code <i>1414 N. Washington Ave Dallas, TX 75208</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Filing fee</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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>11-30-21</i>	5 Payee name <i>Mail Chimp</i>	
6 Amount (\$) <i>143.91</i>	7 Payee address; City; State; Zip Code <i>675 Ponce De Leon NE Atlanta Ga 30308</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>membership for e-mail</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>12-1-21</i>	Payee name <i>Chad Cook</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>2325 Larimar Dr - Aubrey TX 76227</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Videos</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>12-15-21</i>	Payee name <i>In format DPW</i>	
Amount (\$) <i>756.84</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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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>11-15-21</i>	5 Payee name <i>Informate PFW</i>	
6 Amount (\$) <i>800.00</i>	7 Payee address; City; State; Zip Code <i>P.O Box 4773 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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