CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			4 51 10	T
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Elba	MI	OFFICE USE ONLY
	NICKNAME	David	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	the roome m.	rerson Tr 75208	2022 J
Change of Address		Dalla	0 1/ 75208	一
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 277	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Mrs. Anusta LAST Semos.	suffix	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #; CITY:	
TREASURER	0		AND THE PARTY OF T	STATE; ZIP CODE
ADDRESS	2	716 Ant	ero Dr.	
(Residence or Business)			Arlungton, tx	76006
8 CAMPAIGN TREASURER PHONE	(214) 2	PHONE NUMBER	EXTENSION	
9 REPORT TYPE				
TEL OIL THE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 01 / 2021	THROUGH 12	Day Year / 31 / 2 - 2 1
11 ELECTION	ELECTION D	20.75	ELECTION TYPE	
	Month Day 03/0/	Year Primary 22 General	Runoff Other Description Special	
12 OFFICE	Dalls le	unty Comn. Dis	13 OFFICE SOUGHT (If known)
14 NOTICE FROM POLITICAL COMMITTEE(S)				ADE BY POLITICAL COMMITTEES TO SUPPORT NIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
-		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME					16 51	D (E4)		
					16 Filer i	D (Ethics Co	ommission Filers	s)
17 CONTRIBUTION TOTALS	PLEDGE	UNITEMIZED POLITIC ES, LOANS, OR GUAF IBUTIONS MADE ELE	CAL CONTRIBUTIONS (O RANTEES OF LOANS, OR CCTRONICALLY)	THER THAN	I	\$		
	2. TOTAL I	POLITICAL CONTR THAN PLEDGES, LO	IBUTIONS ANS, OR GUARANTEES	OF LOANS)		\$ 3	042.	50
EXPENDITURE TOTALS	3. TOTAL U	JNITEMIZED POLITIC	AL EXPENDITURE.			\$		
	4. TOTAL I	POLITICAL EXPENI	DITURES			\$ 6,	478,01	
CONTRIBUTION BALANCE	5. TOTAL P	POLITICAL CONTRIBU	JTIONS MAINTAINED AS	OF THE LAS	ST DAY	\$ 36,	705-9	5
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	PRINCIPAL AMOUNT C	OF ALL OUTSTANDING LO	OANS AS OF	THE		0,000	
18 SIGNATURE I sv req	wear, or affirm, unde uired to be reported b	er penalty of perjury, by me under Title 15, l	that the accompanying r Election Code.	eport is true	e and corr	ect and inclu	ıdes all informa	ation
			Signa	ature of Ca	ndidate or	Officeholde	er	
		Please comp	olete either optio	n below	<i>r</i> :			
(1) Affidavit								
NOTARY STAMP/SEAL								
Sworn to and subscribed I	before me by		*	this the _		day of		,
20, to certify v						The state of the s	200	-
Signature of officer administer	ing oath	Printed name of off	ficer administering oath		Т	itle of officer	administering o	ath
中国被加州在西南		15 Mario Car	OR	(F. 8)			NUMBER 675	
(2) Unsworn Declaratio	n			*				
My name is	Elba Ga	Ma	, and my date	e of birth is	to le	1000	11-5	A
Executed in Dalla	(stre∉	71	(cíty) , on the day	-	tate) (z	ip code)	(country)	<i>y</i>
		,	Signature	all	ate/Officeh	older (Decla	arant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME				
	20 Filer ID (Ethics Con				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3.042 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 CONTI	RIBUTIONS \$ 6, 478.01			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$			
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 BU	ISINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$			

SCHEDULE A1

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

	struction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Elba Garcia	3 Filer ID (Ethics Commission Filers)
7 12 21	Full name of contributor Adam Bazaldua City; State; Zip Code 4924 Belfeace Ln 75227 ion / Job title (See Instructions) 9 Employer (See Instru	7 Amount of contribution (\$)
7-29-2/	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions) Employer (See Instruc	ctions)
	Full name of contributor out-of-state PAC (ID#:) Mary Dom/NG UCZ Contributor address; City: State; Zip Code 6/3 Thory wood Trail Arand Prairie, T5052 on/Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 250 - 00
	Full name of contributor A 2 v c e n a Derlanga Contributor address; City; State; Zip Code 3 4 1 6 1 6 5 on Lell Dal Dalla Tx 75 2 11	Amount of contribution (\$)
	Employer (See Instruc	tions)

SCHEDULE A1

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

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
FILER NAME	v. Elba Garcia	3 Filer ID (Ethics Commission Filers		
Principal occu	5 Full name of contributor out-of-state PAC (ID#: ELVIA Wallace furtiveZ 6 Contributor address; City; State; Zip Code 4528 Kughts Crossyg Levand Paul X 75052 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 50-		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12-14-21	Contributor address; City; State; Zip Code Po Box 249 Colleguelle, TX 76034	1000-00		
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
2-14-21	Contributor address; City; State; Zip Code 1608 Bob Drive TV 75-189	25.00		
Principal occup	Royse City, 7X 75/89 Pation / Job title (See Instructions) Employer (See Instructions) Business Owner	ons)		
Date	Full name of contributor out-of-state PAC (ID#:) Mario Casarez	Amount of contribution (\$)		
12-14-21	Contributor address; City; State; Zip Code 197 PR 6089 Cameron, TX 765	100.00		
Principal occup	Real for Employer (See Instructions) Real for			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE			

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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Di Elba Garua		3 Filer ID (Ethics Commission Filers)
12-18-2	5 Full name of contributor out-of-state PA JUDY POLIOCK 6 Contributor address; City; 2514 Perry Jon Dr. pation / Job title (See Instructions)	State: Zin Code	7 Amount of contribution (\$)
	Not employed		
Date	Full name of contributor out-of-state PA	ano	Amount of contribution (\$)
12-18-21	Contributor address; City; 531 Ranch trail + Truing, Tx 75-063	State; Zip Code	10,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	(one)
	Not employed	zmployer (ode manden	ons)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
12-18-21	Contributor address; City: 4521 Bessie Driv	State; Zip Code	10.00
Principal occup	ation Job title (See Instructions)	Employer (See Instruction	ons)
	tinancial Services		,
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
- 18-2	Contributor address; City; 1821 Piedmont St. Frying, TX, 75	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
LP St	dent Appairs	, , , , , , , , , , , , , , , , , , , ,	
	ATTACH ADDITIONAL CODIES C	THE COUEDING A CASE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

ler ID (Ethics Commission Filers) mount of contribution (\$)
mount of contribution (\$)
mount of contribution (\$)
nount of contribution (\$)
-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

The second secon	The Instruction Guide explains how to c	omplete this form.
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
8-2-2/	5 Payee name Act Blue	
Amount (\$) 3 - 05	7 Payee address; P. O Box 441146 Somerville, Ma 02144	City; State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	Banking expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8-2-21	Act Blue	
Amount (\$)	Payee address;	City; State; Zip Code
13.83	Payee address; PO Box 441146 Somerville, Ma 0214	14
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Banking expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-15-21	Act Blue	
Amount (\$)	Payee address;	City; State; Zip Code
.794	P. 0 Box 491146 Somerville, Ma 0:	2144
BURDOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Banking expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Total pages Schedule F1: 2 FILER NAME & Garca 3 Filer ID (Ethics Commission Filers) Date	Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
Second S	Total pages Schedule F1:		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Banking expense (c) Category (See Categories listed at the top of this schedule) (d) Category (See Categories listed at the top of this schedule) Date Payee name 1/-24-21 Act Blue Category (See Categories listed at the top of this schedule) Payee address; Payee address; Payee address; Payee address; Po Bax 44 1146 Some sulle for this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Date Payee name Act Candidate / Office holder name Office sought Office hold Office held Category (See Categories listed at the top of this schedule) Description Candidate / Office holder name Office sought Office held Date Payee name Act Candidate / Office holder name Office sought Office held Date Payee name Act Category (See Categories listed at the top of this schedule) Description Des		5 Payee name Act Blue	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Check if travel outside of Toxas, Complete Schedule T. (c) Check if austin, TX, efficeholder living expense (d) Candidate / Officeholder name (e) Candidate / Officeholder name (f) Candidate / Officeholder name (g) Category (See Categories listed at the top of this schedule) (g) Check if Austin, TX, officeholder living expense (g) Candidate / Officeholder name (g) Candidate / Officeholder name (g) Candidate / Officeholder name (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (g) Category (See Categories listed at the top of this schedule) (P.O BOX 441149	_р оссо
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Date Payee name		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Arount (\$) 3. 95 Payee address; P-0 Box 14 1/4 b Somerulle Category (See Categories listed at the top of this schedule) Description Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Payee name Arount (\$) Payee address; Payee name Payee name Payee name Candidate / Office holder name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Category (See Categ	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Amount (\$) Payee address; P-D Box U4 1/46 Somerule, 12/44 Category (See Categories listed of the Top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date Payee name And Blue Payee name And Blue Category (See Categories listed at the top of this schedule) Date Payee name And Blue Category (See Categories listed at the top of this schedule) Date Payee name And Blue Category (See Categories listed at the top of this schedule) Description Banking expense Category (See Categories listed at the top of this schedule) Description Banking expense Complete ONLY if direct Category (See Categories listed at the top of this schedule)	Date	Payee name	
3.95 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Art Blue Category (See Categories listed at the top of this schedule) Candidate / Office holder name City; State; Zip Code Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name City; State; Zip Code City; State; Zip Code City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense Complete ONLY if direct Candidate / Officeholder name	11-26-21	Act Blue	
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Category (See Categories listed \$156 top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	3.95		4
Complete ONLY if direct expenditure to benefit C/OH Payee name Art Blue Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Office holder name Complete ONLY if direct Candidate / Office holder name Candidate / Office holder name Complete ONLY if direct Candidate / Office holder name Complete ONLY if direct Candidate / Office holder name Complete ONLY if direct Candidate / Office holder name Complete ONLY if direct Candidate / Office holder name Coffice sought Candidate / Office holder name Coffice sought Coffice hold Candidate / Office holder name Coffice sought Coffice hold		Category (See Categories listed at the top of this schedule)	Description
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 2-3D-3 Art Blue Amount (\$) Payee address: City; State; Zip Code Purpose OF EXPENDITURE Categories listed at the top of this schedule) Description	OF	Fees	Banking expense
Date Payee name Art Blue Amount (\$) Payee address; City; State; Zip Code Purpose Office Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Amount (\$) Payee address: City; State; Zip Code P. D BOX 44 1146 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct		Candidate / Officeholder name	Office sought Office held
Amount (\$) Payee address: City; State; Zip Code Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. City; State; Zip Code Description Banking expense Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. City; State; Zip Code Description Banking expense Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	12-30-21	Act Blue	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held			City; State; Zip Code
PURPOSE OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	1.	Someralle, Ma o	2144
Complete ONLY if direct	OF		
Complete ONLY if direct		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
		Candidate / Officeholder name	05

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Galaries	Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	1) 6/1/2 /5	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
7-13-21	Informate DF	\mathcal{N}
6 Amount (\$)	7 Payee address;	City; State; Zip Code
500.00	P. 0 Box 4773	Dalles, 7x 75-208
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Consulting Expense	Web site Soint anence
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9-5-21	The Mexico Just	itute-
Amount (\$)	Payee address;	City; State; Zip Code
50.00	928 Sandalwood A	ne Richardson TX 75080
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contribution / Donation	Emmy Award
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
P-5-01	Dallas County Cent	al Lutor Council
Amount (\$)	Payee address;	City; State; Zip Code
130.00	1408 N. Washington	Due Dulles TX 75-204
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event Expense/	, Labor Day breakfast ticket
- ENDITORE	Check if travel outside of The Advert is men	and 1/4 page add.
Complete ONIV (C.)	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a category and listed above)

Candidate/Officeholder/Politica Credit Card Payment	Galalles/	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 Elba Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 8-5-2/	5 Payee name Dalla Assemble	1,
6 Amount (\$)	7 Payee address;	City; State; Zip Code
50.00	12900 Preston Dd Ste 1210	Dalles 1× 75-230
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expense	Welcome back Bush.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8.5-21	Elite News	
Amount (\$)	Payee address;	City; State; Zip Code
115.00	P-0 Box 380017 D	Juncanville TX 75183
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	1/4 page ad women or Wisdom event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8-19-21	Rolary Club of	Grand Prairie
Amount (\$)	Payee address;	City; State; Zip Code
450,00	P.O BOX 530182	Grand Prairie TX 75053
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	membership dues.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODIES OF TWO	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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) 4 Date 5 Payee name 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Consulting expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 100.00 **PURPOSE** Back packs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 5-9-21 Amount (\$) City; State: Zip Code 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	E	XPENDITURE CATE	EGORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/B By Gift/Aw all Committee Legal S	Expense Beverage Expense vards/Memorials Expense Services	Loan Repays Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense ense ges/Contract Labor	Travel In Di	ion Equipm strict Of District	nent & Related Expense
4		Instruction Guide explai	ins how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	Elha Sa	eraa		3 Filer ID	(Ethics	Commission Filers)
4 Date // 2/ 2/	5 Payee name In Fo	, ,	FW				
6 Amount (\$)	7 Payee address;		/	City;	Sta	ate;	Zip Code
500.00	P-0 B0	ox 4173	•	Dalles	to	7	75208
8	(a) Category (See C	ategories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	0	elting Exp			site i	dain	tanunce.
	(c) Check if tr	ravel outside of Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officehold	der living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Off	ficeholder name		Office sought	Section 1997		Office held
Date	Payee name						
10-26.21	Oak	Chipp &	Print				
Amount (\$)	Payee address;	1 1-		City;	Sta	ite;	Zip Code
508.78	734 0	w. Jeffer.	JON	Dalles	TX		75208
		egories listed at the top of this s	schedule)	Description			,
PURPOSE OF EXPENDITURE	Print	ing Exper.	ue	Letter	heads-	enve	plopes &
	Check if tra	avel outside of Texas. Complete So	schedule T.		stin, TX, officeholde	er living ex	cnense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought			ffice held
Date	Payee name				-		
11-14-21	Dall	us loun	My Di	emocrati	ic f	orty	/
Amount (\$)	Payee address;	1	,	City;	Stat	te;	Zip Code
/, 250.00	1414 N	1. Washi	igtin,	Aue Du	Illas , Y.	4	7520d
	Category (See Cate	gories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Fees	•		Filling	Fee	٠	
	Check if trav	vel outside of Texas. Complete Sc	chedule T.	Check if Aust	tin, TX, officeholde	r living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought			ffice held
	ATTACH AI	DDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Lebor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/\(\text{V}\) The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Elba Garna	3 Filer ID (Ethics Commission Filers)
4 Date //- 30 ~ 2/	5 Payee name Mail Chimp	
6 Amount (\$) 143. 91	7 Payee address; Ponce De Les	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee5	(b) Description Membershep por e-muil
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date /2 - / - 2/	Payee name	
Amount (\$)	Pours address:	
250.00	2325 Larimar Dr	- Awbrey TX 76227
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
12 - 15 - 2/	Formule DP	'W
Amount (\$) 754.84	Payee address; POBOX 4773	Dalles TX 75208
PURPOSE OF EXPENDITURE	Consulting Expense	Web site Muintanunce
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Printing Ex	kpense /ages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 4 Date			3 Filer ID (Ethics Commission Filers)
11-15-21	Intermate PFN		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
800.00	P.O Box 4773	Dulles	TX -75208
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Web	site- maintanance
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED