

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 <i>Elba</i>	<div style="border: 1px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <p>2022 JUL 15 PM 3:37</p> <p>JOHN F. GARNEN COUNTY CLERK DALLAS COUNTY PROPERTY</p> <p>FILED</p> </div>	
	NICKNAME LAST SUFFIX <i>Garcia</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>618 W. Jefferson Dallas, TX 75208</i>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 946-2277</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs. Anastasia "Tassie"</i>	Receipt # Amount \$	
	NICKNAME LAST SUFFIX <i>Semos</i>	Date Processed	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2714 Antero Dr Arlington, TX 76006</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 217-5750</i>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 01 / 2022 THROUGH 06 / 30 / 2022</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 08 / 2022</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <i>Dallas County Comm Dist. #4</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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)	\$ 42,714. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,090. ³⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 66,940. ⁶⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 143,744. 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 Dr. Elba Garcia this the 6th day of July, 2022, to certify which, witness my hand and seal of office.
Angelina Smith Angelina Smith Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (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	\$ 42,714. 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	\$ 13,346. ³⁷
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 13,744. ⁰⁰
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 Eiba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-2-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wanda Zo Morano</i>	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code <i>531 Ranch Trail #157 Irving 75063</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Castro</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4323 Branch St. # 146 Dallas, tx 75219</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clara Hinojosa.</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>928 Sandalwood Ave Richardson, TX 75080</i>		
Principal occupation / Job title (See Instructions) <i>Arts & Culture Education</i>		Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nathan Castañeda</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1731 Homewood Place Dallas, tx 75224</i>		
Principal occupation / Job title (See Instructions) <i>Restaurant</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-2-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Betzen</i>	7 Amount of contribution (\$) <i>30.00</i>
6 Contributor address; City; State; Zip Code <i>6717 Cliffwood Dr. Dallas, TX 75237</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosario Gallo</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>5545 Preston Oaks Rd Apt 146 Dallas, TX 75254</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Pallock</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>3936 Lost Creek Dr. Dallas, TX 75224</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed.</i>		Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aurora Velarde</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>4521 Bessie Drive Dallas, TX 75211</i>		
Principal occupation / Job title (See Instructions) <i>Business Analyst</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-2-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hilda Duarte</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>1413 Range Dr. # 310 Mesquite, TX 75149</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired.</i>		9 Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Delia Watley</i>	Amount of contribution (\$) <i>59.00</i>
	Contributor address; City; State; Zip Code <i>2116 Cay Ct Irving, TX 75060</i>	
Principal occupation / Job title (See Instructions) <i>Occupation Program Manager</i>		Employer (See Instructions) <i>Irving ISD</i>
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veletta Forsythe Hill</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>622 Blair Blvd. Dallas, TX 75223</i>	
Principal occupation / Job title (See Instructions) <i>NOT Employed.</i>		Employer (See Instructions)
Date <i>2-2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elvia Wallace-Martinez</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>4528 Knights Crossing Grand Prairie, TX 75052</i>	
Principal occupation / Job title (See Instructions) <i>Corp Development Director</i>		Employer (See Instructions) <i>Self.</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-3-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Regina Montoya</i>	7 Amount of contribution (\$) <i>1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5230 Lobello Dr. Dallas, TX 75229</i>		
8 Principal occupation / Job title (See Instructions) <i>Regina T. Montoya - Self.</i>		9 Employer (See Instructions) <i>Self employed -</i>
Date <i>2-7-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Trimble</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>8333 Douglas Ave Ste 1350 Dallas, TX 75225</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>2-9-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor Arias</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1709 Driskill Drive Irving, TX 75038</i>		
Principal occupation / Job title (See Instructions) <i>Managing Director</i>		Employer (See Instructions) <i>Diversified Search</i>
Date <i>2-7-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma Western</i>	Amount of contribution (\$) <i>50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>4242 Lomo Alto, Dr. Apt 37 Dallas, TX 75219</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-29-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gilbert Aranza</i>	7 Amount of contribution (\$) <i>5000.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 601527 Dallas, TX 75360</i>		
8 Principal occupation / Job title (See Instructions) <i>Restaurateur -</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>4-15-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roman Palomares</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>8904 Hunters Glen Trl Ft. Worth, TX 76120</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions)
Date <i>4-18-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Trimble</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>8333 Douglas Ave Ste 1350 Dallas, TX 75225</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer.</i>		Employer (See Instructions) <i>Self</i>
Date <i>4-19-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veronica Muñoz</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>3106 Palmdale Cir Farmers Branch, TX 75234</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>CEO</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-19-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veletta Forsythe Lill</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>622 Blair Blvd Dallas, TX 75223</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>4-19-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Les & Dorothy Weisbrod</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>6230 Lavandale Ave Dallas, TX 75230</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Miller-Weisbrod law firm</i>
Date <i>4-19-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Friedman</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>259 Glen Abbey Rd Drive Dallas, TX 75248</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>Friedman & Feiger</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roben E. or Alina Esquivel</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1217 Hanna Cir. De Soto, TX 75115</i>		
Principal occupation / Job title (See Instructions) <i>V.P</i>		Employer (See Instructions) <i>UTSW - Hospital.</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-28-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susana Ramirez</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>1024 Cove Meadow Cedar Hill TX 75104</i>		
8 Principal occupation / Job title (See Instructions) <i>Educator</i>		9 Employer (See Instructions) <i>G.P.I.S.P</i>
Date <i>4.28.22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David G. Rutherford Jr.</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>619 Kessler Springs Dr. Dallas, TX</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Keh Gates</i>
Date <i>4.28.22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alma Rubio</i>	Amount of contribution (\$) <i>100.00 cash</i>
Contributor address; City; State; Zip Code <i>2011 Ferndale Dallas, TX 75224</i>		
Principal occupation / Job title (See Instructions) <i>Restaurateur</i>		Employer (See Instructions) <i>La Calle 12.</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Anthony Orozco</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>5709 Vanderbilt Ave Dallas, TX 75206</i>		
Principal occupation / Job title (See Instructions) <i>Constable</i>		Employer (See Instructions) <i>Dallas County</i>

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-28-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Delia Jasso</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>821 Haines Ave Dallas, TX 75208</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr or Mrs Charles Ku</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>148 Red Oak Ln Flower Mound, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Retired / Dentist</i>		Employer (See Instructions) <i>SELF</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hope Valdez</i>	Amount of contribution (\$) <i>60.00</i>
Contributor address; City; State; Zip Code <i>P.O Box 227501 Dallas TX 75222</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veronica Muñoz</i>	Amount of contribution (\$) <i>3,500.00</i>
Contributor address; City; State; Zip Code <i>2904 Fondren Dallas TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>CEO Mesquite Installation</i>		Employer (See Instructions) <i>Self</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-28-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renato de los Santos</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>918 Carriage Way Duncanville, TX 75137</i>		
8 Principal occupation / Job title (See Instructions) <i>Educator / Non profit</i>		9 Employer (See Instructions) <i>LNESC - Dallas.</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Lopez Jr.</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>4719 Byron Cir. Irving, TX 75038</i>		
Principal occupation / Job title (See Instructions) <i>Finance / Attorney</i>		Employer (See Instructions) <i>Linebarger Goggan Blair & Sampson</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Flores</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1030 Tracy Ave. Duncanville, TX 75137</i>		
Principal occupation / Job title (See Instructions) <i>Retired.</i>		Employer (See Instructions) <i>N/A</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gertrudis "Tula" Flores</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1030 Tracy Ave. Duncanville, TX 75137</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Celso Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

4-28-22

5 Full name of contributor

Rapael Luna

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

7 Amount of contribution (\$)

200.00

6 Contributor address;

*4333 E. Mockingbird Ln Suite
Dallas, TX 75214*

City;

State;

Zip Code

147876

8 Principal occupation / Job title (See Instructions)

Events & Logistics

9 Employer (See Instructions)

Self

Date

4-28-22

Full name of contributor

Lourdes Spinola

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

Amount of contribution (\$)

500.00

Contributor address;

*4608 Windsor Ridge Dr.
Irving, TX 75038*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

N/A

Date

4-28-22

Full name of contributor

Gloria Carrillo

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

Amount of contribution (\$)

200.00

Contributor address;

*4536 Friars Ln.
Grand Prairie TX 75052*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

N/A

Date

4-28-22

Full name of contributor

Bridget Lopez

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

Amount of contribution (\$)

5000.00

Contributor address;

*2777N. Stemmons Freeway Ste 1000
Dallas, TX 75207*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Attorney Lineberger, Coggon-Blair

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 <i>Dr. Lella Yarcea</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-28-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noel or Nancy Cates</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>4432 Druid Dallas, TX 75205</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired paper.</i>		9 Employer (See Instructions) <i>Daily Commercial Record</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Craig Schenkel</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>3105 Stanford Ave Dallas, TX 75225</i>		
Principal occupation / Job title (See Instructions) <i>Business development</i>		Employer (See Instructions) <i>SELF</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian McGovern</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>4364 Royal Ridge Dr. Dallas, TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric D. Johnson</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3525 Turtle Creek Blvd. Dallas, TX 75219 11-AB</i>		
Principal occupation / Job title (See Instructions) <i>Educator.</i>		Employer (See Instructions) <i>DISD</i>

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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>4-28-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul E. Coggin or Regina T. Montoya</i>	7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; City; State; Zip Code <i>5230 Lobello Dr. Dallas, TX 75229</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ross L or Lois G. Finkelman</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>11437 W. Ricks Cir Dallas, TX 75230</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary McDermott Cook</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>1942 Malone Cliff View Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>None.</i>		Employer (See Instructions) <i>N/A</i>
Date <i>4-22-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Association of Realtors</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>Political Action Committee P.O Box 2246 Austin, TX 78768-2246</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

4-28-22

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesse F. or Cynthia I. Ferrer

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address; City; State; Zip Code
*2603 Oak Lawn Suite 300
 Dallas, TX 75219*

8 Principal occupation / Job title (See Instructions)

Attorney at Law

9 Employer (See Instructions)

SELF

Date

4-30-22

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

Amount of contribution (\$)

350.⁰⁰

Contributor address; City; State; Zip Code
*3001 W. Pioneer Dr.
 Irving, TX 75061*

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

4-30-22

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

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code
*618 W. Jefferson
 Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

SELF

Date

Full name of contributor 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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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 Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

4-30-22

5 Full name of contributor

Monica Lira Bravo

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

*1155 Timplemore
Dallas, TX 75218*

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Lira Bravo Law

Date

4-30-22

Full name of contributor

Robert Martinez

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

*447 Northwest Hwy Apt 1405
Spring, TX 75039*

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

4-30-22

Full name of contributor

Matthew Loh

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

*2625 W. Pioneer pkwy
Grand Prairie TX 75051*

Principal occupation / Job title (See Instructions)

Property Management

Employer (See Instructions)

Aqua Management LLC

Date

5-5-22

Full name of contributor

Lucy Billingsley

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

*1722 Routh St. Suite 770
Dallas TX 75201*

Principal occupation / Job title (See Instructions)

CEO Billingsley Company

Employer (See Instructions)

Self

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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>5-6-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorie Orenshaw</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>4722 Stanford Ave Dallas, TX 75209</i>		
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions)
Date <i>5-6-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Valherra</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1141 Anderson St Irving, TX 75062</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions)
Date <i>5-6-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carmen Garcia</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2500 McKinney Ave #714 Dallas, TX 75201</i>		
Principal occupation / Job title (See Instructions) <i>AVP</i>		Employer (See Instructions) <i>DART</i>
Date <i>5-6-22</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>Municipal Executive</i>		Employer (See Instructions) <i>City of Dallas</i>

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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 Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5-6-22

5 Full name of contributor

Buckley Chappell

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

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

1581 Fm 7405 Forney, TX 75126

8 Principal occupation / Job title (See Instructions)

Barl Bond

9 Employer (See Instructions)

Self.

Date

5-6-22

Full name of contributor

Aurora Velarde

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

Amount of contribution (\$)

15.00

Contributor address;

City;

State;

Zip Code

4521 Bessie Dr.
Dallas, TX 75211

Principal occupation / Job title (See Instructions)

Business Analyst

Employer (See Instructions)

Hone point financial

Date

5-6-22

Full name of contributor

Jeff Dalton

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

8552 Royal County Drive
McKinney, TX 75070

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self.

Date

5-6-22

Full name of contributor

Socorro Hernandez Dismore

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

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

1800 Masters Dr.
De Soto, TX 75115

Principal occupation / Job title (See Instructions)

Restaurateur

Employer (See Instructions)

Self

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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>5-9-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted B. Lyon & Associates P.C.</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>18001 LBJ Fwy, Suite 525 Mesquite, TEXAS 75150</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Ted B. Lyon & Associates P.C.</i>
Date <i>5-9-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Delia Watley</i>	Amount of contribution (\$) <i>50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2116 Cay Ct Irving, TX 75060</i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>IISD</i>
Date <i>5-15-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George A. Quesada</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>4523 Bluffview Dallas, TX 75209</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>5-15-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Thomas Carlo MD</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2103 St. Francis Ave Dallas, TX 75228-</i>		
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>ARDS ARMS</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5-18-22

5 Full name of contributor

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

Joseph Dingman

7 Amount of contribution (\$)

1000.⁰⁰

6 Contributor address;

City;

State;

Zip Code

*13223 Glad Acres Dr.
Dallas, TX 75234*

8 Principal occupation / Job title (See Instructions)

Not employed

9 Employer (See Instructions)

Date

5-23-22

Full name of contributor

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

Augustine Jalomo

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City;

State;

Zip Code

*607 W. Canty St
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

General Manager

Employer (See Instructions)

St-Jude Chapel

Date

5-25-22

Full name of contributor

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

John Martinez

Amount of contribution (\$)

1000.⁰⁰

Contributor address;

City;

State;

Zip Code

*2926 Lovers Lane
Dallas, TX 75225*

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

RHCA

Date

5-25-22

Full name of contributor

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

Eduardo Martinez

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City;

State;

Zip Code

*3809 Cascades Dr.
McKinney, TX 75070*

Principal occupation / Job title (See Instructions)

Manager.

Employer (See Instructions)

PEPSICO

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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>2-06-22</i>	5 Payee name <i>Act Blue Texas</i>	
6 Amount (\$) <i>14.64</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 _____ Office held _____		
Date <i>4-28-22</i>	Payee name <i>Act Blue Texas</i>	
Amount (\$) <i>9.48</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 _____ Office held _____		
Date <i>5-06-22</i>	Payee name <i>Act Blue Texas</i>	
Amount (\$) <i>189.69</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 _____ 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 Garcia</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-9-22</i>	5 Payee name <i>Act Blue Texas</i>
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6 Amount (\$) <i>87.25</i>	7 Payee address; City; State; Zip Code <i>P.O Box 441146 Somerville, Ma 02144</i>
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4-18-22</i>	Payee name <i>Act. Blue Texas.</i>
------------------------	---------------------------------------

Amount (\$) <i>82.13</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>5-23-22</i>	Payee name <i>Act Blue Texas</i>
------------------------	-------------------------------------

Amount (\$) <i>1089</i>	Payee address; City; State; Zip Code <i>P.O Box 441148 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 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		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6-07-22</i>		5 Payee name <i>Art Blue</i>			
6 Amount (\$) <i>83.46</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 441148 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					
Date <i>1-10-22</i>		Candidate / Officeholder name <i>League of Women Voters of Dallas</i>			
Amount (\$) <i>225.00</i>		Payee address; City; State; Zip Code <i>6060 N. Central Expwy Suite 500 Dallas, TX 75206</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense / Advertisement</i>		Description <i>1/4 page add. lunch ticket.</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					
Date <i>1-15-22</i>		Candidate / Officeholder name <i>Informate DFW</i>			
Amount (\$) <i>809.86</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					
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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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>2-7-22</i>	5 Payee name <i>Rotary Club of Grand Prairie</i>	
6 Amount (\$) <i>150.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 530182 Grand Prairie TX 75053</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>Membership dues</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>2-16-22</i>	Payee name <i>Order Desk.</i>		
Amount (\$) <i>5000.00</i>	Payee address; City; State; Zip Code <i>9840 Monroe Dr - Suite 104 Dallas TX 75220</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Tejano Democrats mailer.</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>2-16-22</i>	Payee name <i>Latino Communication Group.</i>		
Amount (\$) <i>707.81</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>	
	(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

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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>2-24-22</i>	5 Payee name <i>Irving Carrolton NAACP</i>	
6 Amount (\$) <i>85.00</i>	7 Payee address; City; State; Zip Code <i>P.O Box 146253 Irving TX 75016</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Golf tournament</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>3-1-22</i>	Payee name <i>Hey Chicus - Latino Vote</i>		
Amount (\$) <i>400.00</i>	Payee address; City; State; Zip Code <i>723 Bizerte Ave Dallas TX 75214</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Get out the vote</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>3-10-22</i>	Payee name <i>Latino Communication Group -</i>		
Amount (\$) <i>755.85</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>	
	(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

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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>4-14-22</i>	5 Payee name <i>Ratino Communication Group</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>Po 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>4-14-22</i>	Payee name <i>Bear Creek Community Church</i>	
Amount (\$) <i>75.00</i>	Payee address; City; State; Zip Code <i>2700 Finley Rd Irving TX 75062</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Womens ministry</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>4-15-22</i>	Payee name <i>Grand Prairie Education Foundation</i>	
Amount (\$) <i>65.00</i>	Payee address; City; State; Zip Code <i>1000 Lone Star Park way Grand Prairie TX 75051</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description <i>Ticket</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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-3-2022</i>	5 Payee name <i>Flowers by Gloria</i>
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6 Amount (\$) <i>240.00</i>	7 Payee address; City; State; Zip Code <i>5318 Bernal Dr. Dallas TX 75212</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>J.C. Zaragoza Ctr Senior Mothers Day flower corsages</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>5-10-2022</i>	Payee name <i>Artitude</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>2448 Ft. Worth Ave #6311 Dallas, TX 75211</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation made by officeholder</i>	Description <i>Art Festival</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
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Date <i>5-13-2022</i>	Payee name <i>Lafuo Communication Group</i>
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Amount (\$) <i>1000.00</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 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
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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. Eiba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-13-2022</i>	5 Payee name <i>The Mexico Institute</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>3130 Harry Hines Blvd Dallas TX 75219</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation made by office holder</i>	(b) Description <i>38 yrs anniversary ticket</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>5-20-2022</i>	Payee name <i>Lufac National Educational Service Ctr, Inc</i>		
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>345 S. Edgefield Ave Dallas TX 75208</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <i>Educational program</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>6-7-2022</i>	Payee name <i>Latino Communication Group</i>		
Amount (\$) <i>1200.00</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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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>6-22-2012</i>		5 Payee name <i>Irving Heritage Society</i>			
6 Amount (\$) <i>95.00</i>		7 Payee address: <i>P.O Box 1715-72 Irving TX 75017</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Directory</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>6-22-2012</i>		Payee name <i>Verna's Help Foundation</i>			
Amount (\$) <i>100.00</i>		Payee address: <i>P.O Box 494865 Garland TX 75049</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Congratulations Luncheon 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>6-29-2012</i>		Payee name <i>La Calle Doco Restaurant</i>			
Amount (\$) <i>389.25</i>		Payee address: <i>415 W. Twelfth St Dallas TX 75208</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>		Description <i>Appointees Luncheon</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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>02-15-2022</i>	5 Payee name <i>The Order Desk</i>		
6 Amount (\$) <i>13,744.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>9840 Monroe Dr. Ste 104 Dallas, TX 75220</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>tejano mail out.</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 <i>Elba Garcia</i>	Office sought <i>Dallas County Comm</i>	Office held <i>Dallas County Comm Dist 4</i>
Date	Payee name <i>Dist 4</i>		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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