CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			The second secon	
The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Elba	MI	OFFICE USE ONLY
NAME	NICKNAME	Garria	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	APT/SUITE#; 18 W. Jef	Terson + + + + + + + + + + + + +	2023 JUL I JULIII COULT DALLA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (2/4)	PHONE NUMBER 746 - 227	EXTENSION	Date Hand-deliwered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M/5 NICKNAME	Anastasa Last	it 'Tusie "I	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT / SI	ten Dr. Arlington, Tx	STATE: ZIP CODE 76006
8 CAMPAIGN TREASURER PHONE	(2/4) 8	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 0 / 23	THROUGH 06	Day Year / 30 / 23
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	Dallas Co	untel Commission	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE		
		GO TO I	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	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR C CONTRIBUTIONS MADE	LITICAL CONTRIBUTIONS (OTHER THAN GUARANTEES OF LOANS, OR ELECTRONICALLY)	\$
	2. TOTAL POLITICAL COI		\$ 2,925.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL		\$
	4. TOTAL POLITICAL EXP	ENDITURES	\$ 9.120 5
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LAST	\$ 9, 130. S T DAY \$ 18,456.
OUTSTANDING LOAN TOTALS		NT OF ALL OUTSTANDING LOANS AS OF	THE \$ 143 7011
l) Affidavit	STE Nota	nplete either option below: PHANIE PEREZ	didate or Officeholder
NOTARY STAMP/SEAL worn to and subscribed be	fore me by	commission Expires 02-22-2027 this the	day of
Stepha 1	ch, witness my hand and seal of office.	()	3
gnature of officer administering	oath Printed name of o	officer administering oath	Title of officer administering oath
) Unsworn Declaration		OR	
name is		, and my date of birth is	
address is		, and my date of bitti is	
	(street)		(country)
		Signature of Candidate/0	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,925.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,130.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME -	Dr. Elba Garcia		3 Filer ID (Ethics Commission Filers)
	Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
1-27-23 6	Katherine Wynne Contributor address; City: 342 N. Manus Dr. Dallas	State; Zip Code	100.0
8 Principal occupat	ion / Job title (See Instructions)	9 Employer (See Instructi	ons)
1	Uot employed	Not en	ployed
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
2-3-23	Contributor address; City: 2220 Canton Sty	State; Zip Code	250.00
	Dallo	75201	
	on / Job title (See Instructions) Chitect	Employer (See Instruction Self	ons)
Date		(ID#:)	Amount of contribution (\$)
5-5-23	Susan Read Contributor address: OIN. Bishop Aue #30 Dallis, HX 7520	State; Zip Code	75.00
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ons)
Do	ntroject	VA	
Date	Full name of contributor out-of-state PAC Dolla Wiffey Contributor address; City;	(ID#)	Amount of contribution (\$) 50 .
5-12-23	Contributor address; City; 2116 Cay Ct Truing, A	State; Zip Code 75-060	50.
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ons)
	cher /Education	Irving.	:
		J	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	1 Elba Garea		3 Filer ID (Ethics Commission Filers)
5-11-23	5 Full name of contributor out-of-state PAC Pariel Huerta 6 Contributor address; City; 1414 Cedar Hill Aug.	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	Pation / Job title (See Instructions) Executive	9 Employer (See Instruct	
5-11-23	Full name of contributor Roman Pallomare Contributor address; 8904 Haines Gley Trace FT. Worth TX 7161 pation / Job title (See Instructions)	. State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
140	esing Consultant	Self er	nplojed.
Date 5 - 1/- 23	Full name of contributor Out-of-state PAC Contributor address; City;	(ID#) State; Zip Code	Amount of contribution (\$)
	419 Kessler Springs	1X 75208	
Principal occup	AHORNEY	Employer (See Instruction KELUC	ons)
5-76-23	Mario Casarez Contributor address; City; 199 PE 6080, Cameron,	77 1952 U	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction 2 HA	ons)
CACL	WIVE DIRECTLY	P(11)	

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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	1. Elba Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5-16-23	5 Full name of contributor out-of-state PAC (ID#) Regina Winterfac 6 Contributor address; City; State; Zip Code 5 230 hollollo Dr. Dallis, Tx 75 22 9	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) 3 Elp	ttions)
Date 5-16-23	Full name of contributor out-of-state PAC (ID#) Veletla For syllie Lill Contributor address: City: State: Zip Code 4 22 Blair Blad: Dallo: 1x 15223	Amount of contribution (\$) 250.
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions) Of employed	tions)
5-16-23	Full name of contributor out-of-state PAC (ID#) Laura Sanchel Contributor address; City; State; Zip Code 1514 Edar Hill Auc Dallis, TX 75208	Amount of contribution (\$)
Principal occup	Self Employed. L-S Rest	aurant Management
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
5-16-23	Contributor address; City; State; Zip Code Z801 N. Britain Ed Truing, 1x 75-062 Pation / Job title (See Instructions) Employer (See Instructions)	J 0.
Principal occup	Dot employed Employer (See Instructions) Note and loyed NA	tions)
	ATTACH ADDITIONAL CODIES OF THE SOUTH AS A	EEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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 DV - Elba Garrea	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5 Full name of contributor out-of-state PAC (ID#	50 w
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Not Employed intemples	110
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
5-16-23 Contributor address; City: State; Zip Code	50.00
Contributor address; City; State; Zip Code 4528 Kn19hfs C10551n9 Crand Piatrie, 7750572 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	tions)
Executive Director DCET.	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
5-16-22 Contributor address; City; State; Zip Code 1202 Joly Street	50.00
Principal occupation / Job title (See Instructions) Staff AFL-CIO. AFL-CIO	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
5-19-23 Deorge Cos to State: Zip Code 4323 Brown St 74186	100.00
1/4/4// / / / / / / / / / / / / / / / /	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dof Employed L. temp	le fe d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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	L	3 Filer ID (Ethics Commission Filers)
4 Date 5. 25-23	Full name of contributor Richard Stewart 6 Contributor address: City: 2327 Southern Oak	State; Zip Code 2. 1x 7506	7 Amount of contribution (\$) 100. ω
	pation / Job title (See Instructions)	Employer (See Instruction of English Person por	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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.

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Dr. Elba Gares	-	3 Filer ID (Ethics Commission Filers)		
4 Date 01-01-23	5 Payee name Act Blue Texas				
6 Amount (\$) /22, 35	P-O Box 44446 Somerylle	city;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Banki	ing Expense.		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
ot 02-23	Act Blue Tax	ac			
Amount (\$) 34.52	Payee address; POBOX 44114 Somerul	city;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Ban K	ling Expense.		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01-28-23	Act Blue Teg	las.			
Amount (\$)	Payee address;	City;	State; Zip Code		
23. 52	P. O Brx 44115	46 Somerull	e Ma 02144		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Bank	ing Expense.		
	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 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 Salaries/Wages/Contract Labor

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	, , , , , , , , , , , , , , , , , , , ,	es/Wages/Contract Labor Travel Out Of Disces/Wages/Contract Labor Other (enter a ca	strict tegory not listed above)
order dyrich	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	Dr. Elba Sarcia	3 Filer ID (Et	hics Commission Filers)
4 Date /-/4-13	5 Payee name, Hispanic		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
100.00	8 150 N. Centra Pallus	1 Expay Suite 1x 75-206	100
8	(a) Category (See Categories listed at the top of this schedule		,
PURPOSE OF EXPENDITURE	Donation Made by office holds	er Latina giving	circle.
	(c) Check if travel outside of Texas. Complete Schedule T		ving expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1 (
1-17-23	Latino Communic	cations Goup.	
Amount (\$)	Payee address; P.O. Box 4273	City; State;	Zip Code 75208
1,000.00	1.0,00%	James 17	, 0
PURPOSE	Category (See Categories listed at the top of this schedule)	Web sik Hur	ntanace
OF EXPENDITURE	Consulting Expense	New sie man	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-14-23	IHOP		
Amount (\$)	Payee address;	City; State;	Zip Code
294.24	1801 D. Betthene K	d. Jung TX	75061
	Category (See Categories listed at the top of this schedule)	Description Leadersh	ip.
PURPOSE OF EXPENDITURE	Tood Beverage Expe	ense Break tast	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Dr. Elba C	3 Filer ID (Ethics Commission Filers)
4 Date 28 - 22	5 Payee name Azt Blue	Texas
6 Amount (\$) 94.84	7 Payee address; P.O Box 441144 Somme	City; State; Zip Code
8	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-10-23	Act Blue Te	x 11 C
Amount (\$)	Payee address;	City; State; Zip Code
4. 95	f. 0 Box 44114, 50 mm	1/ //
	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-16-23	Act Blue Tex	ae
Amount (\$)	Payee address;	City; State; Zip Code
9.88	P.O BOX 441146 Sommer	ville Ma 02144
	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 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 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 NAM 3 Filer ID (Ethics Commission Filers) mmonications Gou P.O BOX 1006.00 Web site Maintanauce. **PURPOSE** Consulting Expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Communications Goup. 3-16-23 Amount (\$) Payee address; 1,000 0 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 5-20-23 mmunications Amount (\$) 1,000.00 Category (See Categories listed a) ton of this schedule) Web site Maintanence PURPOSE 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

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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5-15-23 6 Amount (\$) Zip Code 2.97 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 5-25-23 State: Zip Code PURPOSE 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 State: Zip Code 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.

	EXF	PENDITURE CAT	EGORIES FO	OR BOX 8(a)		
Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Ex Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Ex			Office Overho Polling Expe Printing Expe	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not liste		uipment & Related Expense trict
100000000000000000000000000000000000000	The Ins	struction Guide expla	ains how to cor	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	6.16a C	Sance	·	3 Filer ID (Eth	ics Commission Filers)
4 Date 5-10-23	5 Payee name	pra de	unes	r		
6 Amount (\$) /47.50	7 Payee address;	Churles	Ct	Dahlas	State;	Zip Code 15217
8	(a) Category (See Category	gories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GIFT	_/	is serieusle,	Mother's	day 7	Flowers
N	(c) Check if trave	el outside of Texas. Complete	Schedule T.		n, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought	100000000000000000000000000000000000000	Office held
Date	Payee name					
5-20-23	Latino	Comn	unica	trons	Coup	x
Amount (\$)	Payee address;			City;	State;	Zip Code
1000.00 .	PO 1	Box 47	73	Dallo	TX	75208
	Category (See Catego	ories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Consuk	ting Exp	anse	Web 9	te Ma	intanauce.
	Check if travel	outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office held
Date	Payee name					
6-7-23	Auth	entic	from	trons.	Com	
Amount (\$)	Payee address;			City;	State;	Zip Code
798.00	4151	Fair O	als a	Blud.	Suite 1	03
PURPOSE OF EXPENDITURE	Category (See Categor	ies listed at the top of this s	schedule)	Promotion Promotion	mal it	tems
	Check if travel of	outside of Texas. Complete S	chedule T.	Check if Austin.	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office held
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.

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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) 6-11-23 6 Amount (\$) 5. Tyler . St Dallo (a) Category (See Categories listed at the top of this schedule) Election - May-**PURPOSE** anvassing OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 19th of June Committee ree address; City: P.O BOX 224123 Dullo 4-15-23 Amount (\$) 75.00. June teenth event. Donation by officeholder **PURPOSE** 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 Tunnel to Towers Foundation Payee address; City; State; 4-15-23 Amount (\$) 2361 Aylan Blod staten Island 250.00 Donation By officeholder Tunnel to tower 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

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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	By Gift/Awards/Memorials Expense Printing E Salanes/ The Instruction Guide explains how to	Wages/Contract Labor Ot	avel Out Of District her (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dr. Elba Gare	3	Filer ID (Ethics Commission Filers)
6-10-23	5 Payee name Act Bhue Texas		
4. 95	7 Payee address: P-O Box 441146 Somerville, M	City:	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Fees	Banking	Expense
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4-23-23	Latina Commu.	niation G	Troup
Amount (\$)	Payee address: P. 0 Box 4273	Dalles To	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Con Sul Hing Expense	Description	site faintana
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
		Office sought	Office held
	4	Office sought City;	Office held State; Zip Code
expenditure to benefit C/OF	Payee name		
Date Amount (\$) PURPOSE OF	Payee name Payee address;	City; Description	