

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

FILED

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

2024 JUL 15 AM 11:06

OFFICE USE ONLY

Date Received

DEPUTY

BY

JOHN F. WALKER
COUNTY CLERK
DALLAS COUNTY

2024 JUL 15 AM 11:07

FILED

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2024

THROUGH

06 / 30 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Comm. Dist 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)	\$ 58,990.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,106.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 68,979.32
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Krystal Thomas this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, 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 <i>Dr. Elba Garcia</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 58,990. 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	\$ 8,106. ⁸⁶
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-14-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Les Weisbrod</i>	7 Amount of contribution (\$) <i>5000.00</i>
6 Contributor address; City; State; Zip Code <i>4230 Lavandale Ave Dallas TX 75208</i>		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY AT LAW</i>		9 Employer (See Instructions) <i>Self Employed</i>
Date <i>3-20-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Smith</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>4422 Abredeem Ave Dallas TX 75230</i>		
Principal occupation / Job title (See Instructions) <i>Executive</i>		Employer (See Instructions) <i>Aipe</i>
Date <i>5-19-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mario Casarez</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>197 RR 6080 Cameron, TX 76520</i>		
Principal occupation / Job title (See Instructions) <i>Executive Director</i>		Employer (See Instructions) <i>Rockdale Housing Authority</i>
Date <i>5-22-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Escobedo</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1222 N. Winnetka Dallas 75208</i>		
Principal occupation / Job title (See Instructions) <i>Construction Manager</i>		Employer (See Instructions) <i>Phillips May</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>5-22-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ivan Renteria</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>2941 Sinbad Cir Dallas TX 75234</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Lancon, Lyon Jenkins</i>
Date <i>5-22-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marilu Escobedo</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1222 N. Winnetka Dallas TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>None</i>		Employer (See Instructions) <i>None</i>
Date <i>5-22-24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <i>Elizabeth Ponce-Garza</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>410 Comanche Mesquite, TX 75181</i>		
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Picasso Contractors</i>
Date <i>5-22-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Luis Nono</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>11129 Shady Trail Dallas, TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>President/Sales</i>		Employer (See Instructions) <i>Lumbri</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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2 FILER NAME <i>Dr. Elba Garza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-24-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reynaldo Roca</i> 6 Contributor address; City; State; Zip Code <i>2905 Hillview Dr. Grapevine, TX 76051</i>	7 Amount of contribution (\$) <i>150.00</i>
8 Principal occupation / Job title (See Instructions) <i>COO</i>		9 Employer (See Instructions) <i>MPO Solutions</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacy Jones</i> Contributor address; City; State; Zip Code <i>19127 W. Birdsong San Antonio TX 78258</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Executive Assistant</i>		Employer (See Instructions) <i>Linebarger</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alicia Rodriguez</i> Contributor address; City; State; Zip Code <i>7513 Amber Dr Dallas, TX 75241</i>	Amount of contribution (\$) <i>40.00</i>
Principal occupation / Job title (See Instructions) <i>Counselor</i>		Employer (See Instructions) <i>DAHFH</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vladimir Naranjo</i> Contributor address; City; State; Zip Code <i>26214 Kingsgate Lane Katy, TX 77494</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>PMG</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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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-24-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Martinez</i> 6 Contributor address; City; State; Zip Code <i>2926 Lovers Ln. Dallas, TX 75225</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Manager</i>		9 Employer (See Instructions) <i>RHCA</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Martinez</i> Contributor address; City; State; Zip Code <i>2926 Lovers Ln. Dallas, TX 75225</i>	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>Manager</i>		Employer (See Instructions) <i>RHCA</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karin Larrave</i> Contributor address; City; State; Zip Code <i>8181 Douglas Ave #420 Dallas, TX 75225</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>Financial Advisor</i>		Employer (See Instructions) <i>Northwestern Mutual</i>
Date <i>5-17-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Efrain Vera</i> Contributor address; City; State; Zip Code <i>350 N. Saint Paul St Apt 2014 Dallas, TX 75201</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>McGuire Woods</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-24-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tristeza Oides</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>3415 Navajo Ct. Dallas, TX 75224</i>		
8 Principal occupation / Job title (See Instructions) <i>Consultant</i>		9 Employer (See Instructions) <i>La Fuena Strategies</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rafael Luna</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>230 E. Fulton St. APT 1243 Dallas, TX 75214-4844</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>SELF</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger E. INOJOSA</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>9671 Wendell Rd. Dallas, TX 75243</i>		
Principal occupation / Job title (See Instructions) <i>Public Relations</i>		Employer (See Instructions) <i>White cap-mechanic</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineburger Goggan, Blair & Sampson LLP</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, TX 78760</i>		
Principal occupation / Job title (See Instructions) <i>Tax collections</i>		Employer (See Instructions) <i>Lineburger LLP</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date <i>5-24-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Domingo Garcia</i>	7 Amount of contribution (\$) <i>10,000.00</i>
6 Contributor address; City; State; Zip Code <i>111 W. Mockingbird Ln Ste 1200 Dallas, TX 75247</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Juan Jasso & Delia Jasso</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O Box 3764 Dallas, TX 75208-1064</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>SELF</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Teresa G. Snelson</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>6764 Winterwood Lane Dallas, TX 75248</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gilberto May</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>1125 Longpoint Ave Dallas, TX 75247-6804</i>		
Principal occupation / Job title (See Instructions) <i>Technology Services</i>		Employer (See Instructions) <i>GM-3+indigo</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>5-24-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wilfredo Manuel Curet</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>2750 S. Preston Rd Suite 116-144 Celina TX 75009</i>		
8 Principal occupation / Job title (See Instructions) <i>Contractor</i>		9 Employer (See Instructions) <i>High Tech Drywall</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosa L. Ramirez</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2314 Cypress Dr. Grand Prairie, TX 75050</i>		
Principal occupation / Job title (See Instructions) <i>Executive Director</i>		Employer (See Instructions) <i>Dallas Legacy Mission</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carmen R. Garcia</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2500 McKinney Ave Apt 714 Dallas, TX 75201</i>		
Principal occupation / Job title (See Instructions) <i>Consulting</i>		Employer (See Instructions) <i>Self</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Celkerto May</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>926 Stevens Wood Ct Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Ind. O</i>		Employer (See Instructions) <i>Phillips May Corp</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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1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5-24-24

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Monica L. Bravo

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

*1155 Timplemore Dr.
Dallas, TX 75218*

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self/Lira Bravo Law

Date

5-24-24

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dorene C. Dominguez

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

*8850 Vista De Lago Ct
Granite Bay, Ca 95746-5814*

Principal occupation / Job title (See Instructions)

CEO - Construction

Employer (See Instructions)

Vanir Construction

Date

5-24-24

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jose & Claudia Reyes

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

*9430 Hathaway St
Dallas, TX 75220*

Principal occupation / Job title (See Instructions)

Bus owner

Employer (See Instructions)

Real Network Services

Date

5-24-24

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John J. Lopez

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

*2603 Florence St
Grand Prairie TX 75052-*

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

Federal Reserve Bank

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5-24-24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Alma Valdez Ruito

6 Contributor address;

City;

State;

Zip Code

2011 Ferndale Ave
Dallas, TX 75224-1022

7 Amount of contribution (\$)

125.00

8 Principal occupation / Job title (See Instructions)

Restaurateur/Manager

9 Employer (See Instructions)

La Calle Doce

Date

5-24-24

Full name of contributor

☐ out-of-state PAC (ID#:

Laura Sanchez

Contributor address;

City;

State;

Zip Code

1514 Cedar Hill Ave
Dallas TX 75208

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Owner / CEO

Employer (See Instructions)

LA Calle 12 - El Ranchito

Date

5-24-24

Full name of contributor

☐ out-of-state PAC (ID#:

Fres Johnny Rios & Asosena Rios

Contributor address;

City;

State;

Zip Code

8823 Merritt Rd
Fowler, TX 75089

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

CEO / owner

Employer (See Instructions)

Rios Collision & Fleet Services

Date

5-24-24

Full name of contributor

☐ out-of-state PAC (ID#:

Edwin & Lisa L. Cabaniss

Contributor address;

City;

State;

Zip Code

1344 N. Windomere Ave
Dallas, TX 75208

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

C. Entertainment

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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>5-24-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Heron Ramirez & Veronica</i> 6 Contributor address; City; State; Zip Code <i>3106 Palmdale Cir Farmers Branch TX 75234</i>	7 Amount of contribution (\$) <i>2,500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Project Manager</i>		9 Employer (See Instructions) <i>Mezquite Installations</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roy Carlos Lopez / Bridget Moore</i> Contributor address; City; State; Zip Code <i>4326 Meadowdale Lane Dallas Texas 75229</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Tax Services</i>		Employer (See Instructions) <i>Linebarger Goggan Blair & Sampson LLP</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shandra Colon</i> Contributor address; City; State; Zip Code <i>4950 Broadway Plano, TX 75024</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Vice President</i>		Employer (See Instructions) <i>Structure T Southwest</i>
Date <i>5-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jose Razo</i> Contributor address; City; State; Zip Code <i>2514 El Camino Ln Dallas, TX 75212</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions) <i>5/3 Bank</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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>5-25-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Miguez</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>6205 La Cosa Dr. Dallas, TX 75248</i>		
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>5-25-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noel Santini</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3460 Mockingbird Ln Dallas, TX 75205</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions) <i>Parkland</i>
Date <i>5-28-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Pingman</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>13223 Glad Acres Drive Dallas, TX 75234</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>5-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam Gerber</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>4435 Holland Ave Dallas TX 75219</i>		
Principal occupation / Job title (See Instructions) <i>Executive.</i>		Employer (See Instructions) <i>Fibroid Institute of Dallas</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>5-31-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fernando Andrade</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>4775 Chapel Hill Rd Dallas, TX 75210</i>		
8 Principal occupation / Job title (See Instructions) <i>Architect</i>		9 Employer (See Instructions) <i>CSR Andrade Architects</i>
Date <i>06-04-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Massey Villarreal</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>4515 Riley Way Lane Sugar Land, TX 7479</i>		
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>PTF</i>
Date <i>06-04-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles KV</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>148 Red Oak Lane Flower Mound, TX 75028</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>06-04-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ramin Siroosian</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>P.O Box 702534 Dallas, TX 75370-2534</i>		
Principal occupation / Job title (See Instructions) <i>DC</i>		Employer (See Instructions) <i>Self</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>6-04-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonnie England</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>2805 Bonnywood Ln Dallas, TX 75233</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not Employed</i>
Date <i>6-04-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roben E. Esquivel</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1217 Hanna Circle De Soto, TX 75115</i>		
Principal occupation / Job title (See Instructions) <i>Healthcare Executive</i>		Employer (See Instructions) <i>U.T Southwester Medical Center</i>
Date <i>6-04-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David G. Luther Jr.</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>619 Kessler Springs Dr. Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>K & L Gates LLP</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rulk Tarres</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>3330 N. Galloway St 304 Mesquite TX 75150</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>The HR. Doctor</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>6-06-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alma Delatorre</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>603 Jennifer Trail Grand Prairie TX 75052</i>		
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed.</i>
Date <i>6-06-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Reina Gonzalez</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>10022 Fieldcrest Dr Dallas, TX 75238</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Gonzalez law firm</i>
Date <i>6-06-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sean R. Cox</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1409 South Lamar Apt 957 Dallas, TX 75215</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self.</i>
Date <i>6-06-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carol C. Donovan</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>6509 Malcolm Dr Dallas TX 75214</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</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 <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-06-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eladio Martinez</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address, City, State, Zip Code <i>109 N. Willomet Ave Dallas, TX 75208</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alex Jimenez</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address, City, State, Zip Code <i>245 Willow Ridge Rd. Port Worth, TX 76103</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sylvia Camarillo</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address, City, State, Zip Code <i>3 Richmond Ct Mansfield, TX 76003</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Salcedo Group</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Juanita H. Nanez</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address, City, State, Zip Code <i>3842 Medallion Ln Dallas, TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</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 <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-06-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gloria Carrillo</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address: City: State: Zip Code <i>4536 Friars Ln Grand Prairie TX 75052</i>		
8 Principal occupation / Job title (See Instructions) <i>Legal Assistant</i>		9 Employer (See Instructions) <i>Jose Angel Gutierrez Legal Center</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ronnie Mestas</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>3215 Rutz St Dallas, TX 75212</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cynthia Salinas Dooley</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address: City: State: Zip Code <i>726 South Clinton Ave Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>6-06-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Karla Silva - Ocanas</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>5963 Caruth Haven # 5306 Dallas, TX 75206</i>		
Principal occupation / Job title (See Instructions) <i>Marketing</i>		Employer (See Instructions) <i>Estrella Media</i>

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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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
6-06-24	Christopher McGuire 6 Contributor address: 3703 Wooded Creek Dr. Dallas, TX 75244	100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Musician / Teacher		Ft. Worth Guitar Society
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
6-06-24	Roman Palomares Contributor address: 8904 Hunters Glen Tril Fort Worth, TX 76120	250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Not employed		Not Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
6-06-24	Lourdes Spinola Contributor address: 4608 Windsor Ridge Dr. Irving, TX 75038	250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business		Azteca / Omega
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address: _____ City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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. Elita Garcia</i>		3 Filer ID (Ethics Commission Filers)				
4 Date <i>1-23-2024</i>		5 Payee name <i>Lahno Communication Group</i>						
6 Amount (\$) <i>1000.00</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 4773 Dallas TX 75208</i>						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description <i>Web site Maintenance</i>					
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date <i>1-23-2024</i>		Payee name <i>Edwin Bernal</i>						
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>YMCA Texas Youth Tournament 55 N. IH 35 Frontage Rd Austin TX 73344</i>						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by office holder.</i>		Description <i>Youth tournament participation</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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date <i>1-23-2024</i>		Payee name <i>Bear Creek Community Church</i>						
Amount (\$) <i>150.00</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>Donation made by office holder</i>		Description <i>Women's Conference</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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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
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)

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>2-7-24</i>		5 Payee name <i>Latino Communications Group</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>P.O Box 4473 Dallas TX 75208</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description <i>Web site Maintenance</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>3-27-24</i>		Payee name <i>Latino Communications Group</i>			
Amount (\$) <i>950.00</i>		Payee address; City; State; Zip Code <i>P.O Box 4473 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 <i>5-8-24</i>		Payee name <i>Margolis Flowers</i>			
Amount (\$) <i>410.00</i>		Payee address; City; State; Zip Code <i>4611 S. Malcom X Dallas TX 75215</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation by office holder.</i>		Description <i>Mother's Day corsages Senior Centers</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					
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-8-24</i>	5 Payee name <i>Dollar Tree</i>		
6 Amount (\$) <i>23.00</i>	7 Payee address; City; State; Zip Code <i>455 W. Illinois Ave Dallas TX 75244</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Gift wrap</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>5-8-24</i>	Payee name <i>Walmart</i>		
Amount (\$) <i>26.44</i>	Payee address; City; State; Zip Code <i>1521 N. Cockrell Hill Rd. Dallas TX 75211</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>G.P. parade give aways</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>5-8-24</i>	Payee name <i>Latino Communications Group</i>		
Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>P.O Box 4473 Dallas TX 75208</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Web site maintenance</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-21-24</i>	5 Payee name <i>Manoly's Flowers</i>		
6 Amount (\$) <i>180.00</i>	7 Payee address; City; State; Zip Code <i>4611 S. Malcom X Dallas TX 75215</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation By office holder</i>		(b) Description <i>Graduation Leadership Academy</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>6-21-24</i>	Payee name <i>Lunubri</i>		
Amount (\$) <i>312.00</i>	Payee address; City; State; Zip Code <i>11129 Shady Trail Dallas TX 75229</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation by office holder Awards</i>		Description <i>3 Backpacks For Retirement 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 Office held			
Date <i>6-22-24</i>	Payee name <i>ABC Party</i>		
Amount (\$) <i>113.66</i>	Payee address; City; State; Zip Code <i>1414 W. Davis St Dallas TX 75208</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift / Awards</i>		Description <i>Retirement cut outs</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			

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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>6-21-24</i>	5 Payee name <i>Teresa Guerra Snelson</i>		
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>4849 Greenville Ave Suite Dally TX 75206 1500</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description <i>Dr. WatKing Book event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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	Payee 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			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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>4-4-2024</i>	5 Payee name <i>Act Blue Texas</i>			
6 Amount (\$) <i>197.50</i>	7 Payee address; <i>P.O Box 441146 Somerville Ma</i>		City; <i>Ma</i>	State; <i>0214</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting Banking</i>		(b) Description <i>Fees</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>6-04-2024</i>	Payee name <i>Act Blue Texas</i>			
Amount (\$) <i>19.75</i>	Payee address; <i>P.O Box 441146 Somerville Ma</i>		City; <i>Ma</i>	State; <i>0214</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting Banking</i>		Description <i>Fees</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>6-06-24</i>	Payee name <i>Act Blue Texas</i>			
Amount (\$) <i>217.97</i>	Payee address; <i>P.O Box 441146 Somerville Ma</i>		City; <i>Ma</i>	State; <i>0214</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		Description <i>Fees</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-13-24</i>	5 Payee name <i>Act Blue Texas</i>	
6 Amount (\$) <i>85.36</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>Accounting / Banking</i>	
	(b) Description <i>Fees</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>6-20-24</i>	Payee name <i>Act Blue Texas</i>	
Amount (\$) <i>2,371.18</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>Accounting / Banking</i>	
	Description <i>Fees</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee 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		
Candidate / Officeholder name Office sought Office held		

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