

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

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

CITY

STATE

ZIP CODE

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 / 2026

THROUGH

6 / 30 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2026

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Comm. Dist 4

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)	\$ 5,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,226.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 75,025.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 143,744.00

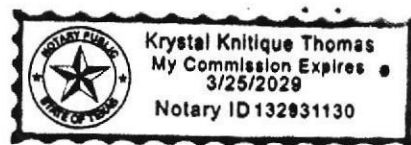
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

D. Ethel Gavin

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 *8th* day of *July*, 20 *26*, 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.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,400.⁰⁰</i>
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	\$ <i>25,226.⁴⁵</i>
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	\$

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>1-21-26</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Michael Rader</i>	7 Amount of contribution (\$) <i>5,000.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 249 Colerille TX 76034</i>		
8 Principal occupation / Job title (See Instructions) <i>President</i>		9 Employer (See Instructions) <i>Prime 45 Development</i>
Date <i>1-21-26</i>	Full name of contributor ☐ 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>Sales</i>		Employer (See Instructions) <i>Lunubri</i>
Date <i>2-10-26</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Van Johnson</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2306 Lawndale Dr. Dallas, TX 75211</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>3-26-26</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Terry Meza</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>613 N. O'Connor Rd Suite 21B Irving, TX 75061</i>		
Principal occupation / Job title (See Instructions) <i>State Representative</i>		Employer (See Instructions) <i>Texas House of Representatives</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Dr. Elba Garua</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>01-6-2026</i>		5 Payee name <i>The Dallas Examiner</i>			
6 Amount (\$) <i>810.00</i>		7 Payee address; <i>4510 S. Matcom x Blvd. Dallas Tx</i>		City; State; Zip Code <i>75215</i>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Quarter page Advertisement</i>	
		(c) ☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>01-13-2026</i>		Payee name <i>Oak Cliff Lions Club.</i>			
Amount (\$) <i>50.00</i>		Payee address; <i>P.O Box 4445 Dallas.</i>		City; State; Zip Code <i>Tx 75208</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Dues</i>	
		☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>1-13-2026</i>		Payee name <i>Irving Branch NAACP</i>			
Amount (\$) <i>100.00</i>		Payee address; <i>P.O Box 166253</i>		City; State; Zip Code <i>Dallas Tx 75016.</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>1/2 page Advertising</i>	
		☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 Dr. Elba Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 1-13-26		5 Payee name Latino Communications Group.			
6 Amount (\$) 1000.00		7 Payee address: P.O Box 4773 Dallas TX 75208		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense.		(b) Description Web site Maintenance	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 1-21-26		Payee name Interdenominational Ministerial Alliance.			
Amount (\$) 200.00		Payee address: P.O Box 671209 Dallas TX 75367		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description Donation	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 1-22-26		Payee name Latino Communication Group			
Amount (\$) 2,250		Payee address: P.O Box 4773 Dallas TX 75208		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description Website Maintenance & upgrade.	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-29-26</i>		5 Payee name <i>Chick Bakery</i>			
6 Amount (\$) <i>182.48</i>		7 Payee address; <i>238 Sunset Ave.</i>		City; <i>Dallas</i>	State; <i>TX</i>
				Zip Code <i>75208</i>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>		(b) Description <i>Mr. Gonzalez Retirement Party.</i>	
		(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 <i>1-29-26</i>		Payee name <i>Amazon.</i>			
Amount (\$) <i>139.62</i>		Payee address; <i>440 Terry Ave N</i>		City; <i>Seattle</i>	State; <i>WA</i>
				Zip Code <i>98109</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Mr. Gonzalez Retirement</i>	
		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 <i>2-3-26</i>		Payee name <i>FMC Printing</i>			
Amount (\$) <i>4,536.35</i>		Payee address; <i>2151 W. Commerce St</i>		City; <i>Dallas</i>	State; <i>TX</i>
				Zip Code <i>75212</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Mail out political materials</i>	
		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

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>2-3-2026</i>	5 Payee name <i>Reilly Echols Printing Inc.</i>	
6 Amount (\$) <i>2,553.00</i>	7 Payee address; City: State: Zip Code <i>1710 S. Harwood Dallas TX 75215</i> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Political Materials</i>
	(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 <i>2-12-26</i>	Payee name <i>Democracy Toolbox</i>	
Amount (\$) <i>2000.00</i>	Payee address; City: State: Zip Code <i>P.O Box McKinney TX 75071</i> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Political materials</i>
	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 <i>2-12-26</i>	Payee name <i>Latino Communication Group.</i>	
Amount (\$) <i>1000.00</i>	Payee address; City: State: Zip Code <i>P.O Box 4773 Dallas TX 75208</i> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Web site maintenance</i>
	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		

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>3-3-2024</i>	5 Payee name <i>Luteno Communications Group</i>	
6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>P.O Box 4773 Dallas TX 75208</i> Check if individual's residence address.	
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) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>3-12-2026</i>	Payee name <i>Grand Prairie Chamber of Commerce</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>900 W. Conover Dr. Grand Prairie TX 75051</i> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Table sponsorship women event.</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>3-12-2026</i>	Payee name <i>SWJC Texas Size Event</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O Box 700116 Dallas TX 75370</i> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Quarter page Ad.</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-12-2026</i>		5 Payee name <i>Act Blue Texas</i>			
6 Amount (\$) <i>4.95</i>		7 Payee address; City; State; Zip Code <i>P.O Box 962017 Boston MA 02196</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Banking</i>		
	(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					
Date <i>4-06-2026</i>		Payee name <i>Act Blue Texas</i>			
Amount (\$) <i>1.98</i>		Payee address; City; State; Zip Code <i>P.O Box 962017 Boston MA 02196</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Banking</i>		
	☐ 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					
Date <i>6-03-2026</i>		Payee name <i>Act Blue Texas</i>			
Amount (\$) <i>9.87</i>		Payee address; City; State; Zip Code <i>P.O Box 962017 Boston MA 02196</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Banking</i>		
	☐ 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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-12-26</i>	5 Payee name <i>Amazon</i>		
6 Amount (\$) <i>395.65</i>	7 Payee address; City; State; Zip Code <i>440 Terry Ave N Seattle Wa 98109</i> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Pens & chap sticks Promotional R.B4 items</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <i>3-13-26</i>	Payee name <i>Custom Print DFW</i>		
Amount (\$) <i>243.56</i>	Payee address; City; State; Zip Code <i>116 N. Adelaid St Terrell TX 75160.</i> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense.</i>		Description <i>RB4 Shirts w/ logo</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <i>3-23-26</i>	Payee name <i>Tio Carlos Mex-Latin Grill</i>		
Amount (\$) <i>378.66</i>	Payee address; City; State; Zip Code <i>2742 N. O'Connor Rd Suite 104 Irving TX 75062</i> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense.</i>		Description <i>Women Expo Food.</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-1-26</i>		5 Payee name <i>Walmart</i>			
6 Amount (\$) <i>74.01</i>		7 Payee address: City: State: Zip Code <i>350 N Bluegrove Rd Lancaster Tx 75146</i> Check if individual's residence address			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Health Expo / Funeral Plant</i>		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>4-5-26</i>		Payee name <i>Constant Contact</i>			
Amount (\$) <i>522.34</i>		Payee address: City: State: Zip Code <i>390 Winter St Suite 300 Waltham Ma 02451</i> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Jan-Feb invoices</i>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>4-7-26</i>		Payee name <i>Rotary Club</i>			
Amount (\$) <i>375.00</i>		Payee address: City: State: Zip Code <i>1417 Densman St Grand Prairie Tx 75051</i> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Dues / Fees</i>		Description <i>4th Quarter Dues</i>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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>4-16-26</i>		5 Payee name <i>Lutino Communications Group</i>			
6 Amount (\$) <i>1,050</i>		7 Payee address: City: State: Zip Code <i>P.O Box 4773 Dallas, TX 75208</i> Check if individual's residence address			
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) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-7-26</i>		Payee name <i>Maryolis Flowers</i>			
Amount (\$) <i>350.00</i>		Payee address: City: State: Zip Code <i>4611 S. Malcolm X Blvd Dallas TX 75215</i> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event/Expense</i>		Description <i>40 corsages for Mother's Day Seniors.</i>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-5-26</i>		Payee name <i>Veronica Garbay</i>			
Amount (\$) <i>298.82</i>		Payee address: City: State: Zip Code <i>908 Meadow Creek Dr Irving TX 75038</i> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donation Given by office holder.</i>		Description <i>Donation for scholarship</i>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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>5-5-26</i>	5 Payee name <i>Chic Bakery</i>	
6 Amount (\$) <i>125.00</i>	7 Payee address: <i>238 Sunset Ave Dallas TX 75208</i> City: State: Zip Code Check if individual's residence address	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Senior Program Emeritus Page</i>
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin TX officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-8-26</i>	Payee name <i>Latino Communications Group</i>	
Amount (\$) <i>1000.00</i>	Payee address: <i>70 Box 4773 Dallas TX 75208</i> City: State: Zip Code Check if individual's residence address	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Event</i>	Description <i>Web site Maintenance</i>
	Check if travel outside of Texas. Complete Schedule T Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-8-26</i>	Payee name <i>Journey Forward Mentoring</i>	
Amount (\$) <i>100.00</i>	Payee address: <i>614 N. Madison Dallas TX 75208</i> City: State: Zip Code Check if individual's residence address	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Donation</i>
	Check if travel outside of Texas. Complete Schedule T Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Garua</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-27-26</i>	5 Payee name <i>Levines.</i>	
6 Amount (\$) <i>2,000.00</i>	7 Payee address: City: State: Zip Code <i>511 W. Jefferson Dallas TX 75208.</i> Check if individual's residence address	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>World Cup. sponsorship/shirts.</i>
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>5-27-26</i>	Payee name <i>Dallas Youth Sports.</i>	
Amount (\$) <i>200.00</i>	Payee address: City: State: Zip Code <i>2524 W. Hedbetter Dr. Dallas TX 75233</i> Check if individual's residence address	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation by office holder</i>	Description <i>Superliga Soccer. Kick off / Kiest Park</i>
	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Office sought Office held	
Date <i>6-3-26</i>	Payee name <i>Sultan Grill & Burgers.</i>	
Amount (\$) <i>200.00</i>	Payee address: City: State: Zip Code <i>2851 Esters Rd Irving TX 75062</i> Check if individual's residence address	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation by office holder.</i>	Description <i>Donation / Food.</i>
	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
	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
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>6-9-26</i>		5 Payee name <i>Lunubri</i>			
6 Amount (\$) <i>225.16</i>		7 Payee address: City: State: Zip Code <i>111 29 Shady Trail Dallas TX 75221</i> Check if individual's residence address			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense Gift Awards</i>		(b) Description <i>Leadership personalized gifts.</i>		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>6-9-26</i>		Payee name <i>Dallas County Democratic Party</i>			
Amount (\$) <i>500.00</i>		Payee address: City: State: Zip Code <i>1414 N. Washington Dallas TX 75204</i> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <i>Juneteenth Burger Bash.</i>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>6-10-26</i>		Payee name <i>Latino Communications Group</i>			
Amount (\$) <i>1000.00</i>		Payee address: City: State: Zip Code <i>P.O Box 4773 Dallas TX 75208</i> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Event</i>		Description <i>Web site Maintenance</i>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name Dr. Elba Garcia Filer ID # _____

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by Krystal Thomas this the 8th day of July, 2026, 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**