

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr. Elba	LAST Elba	SUFFIX	MI
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: P.O. Box 4086	CITY: Dallas, TX	STATE: TX	ZIP CODE: 75208
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 430-8510	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. Anastasia	FIRST Anastasia	LAST Taske	SUFFIX Semos
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): Antero Dr. 2714			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	☒ January 15	☐ 30th day before election	☐ Runoff	☐ Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month 7	Day 1	Year 2025	THROUGH Month 12
11 ELECTION	ELECTION DATE		ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	☐ Additional Pages ☐ GENERAL ☐ SPECIFIC COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 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.			

2026 JAN 15 PM 3:49
FILED
JOHN F. WARRICK
COUNTY CLERK
DALLAS COUNTY
DEPUTY

2026 JAN 16 AM 2:05
FILED
JOHN F. WARRICK
COUNTY CLERK
DALLAS COUNTY
DEPUTY

OFFICE USE ONLY

Date Received

Receipt #

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

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 Filer)

17 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)	\$ 69,710.00
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ 21,581.38
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 94,343.40
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 143,744.00

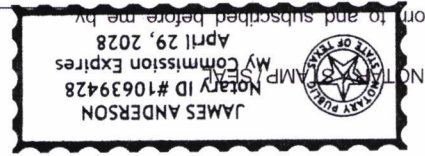
18 SIGNATURE

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by

20 26, to certify which, witness my hand and seal of office.

James Anderson

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

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

Dr. Elba Garza

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS

NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 69,710.00

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 21,581.38

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: 27
2 FILER NAME Dr. Elba Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 9-9-25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jessica Trevizo	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 1130 Westmoreland Rd Dallas TX 75115		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Dallas County
Date 9-9-25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sheryl Santos-Hatchett	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6518 Portside Ridge Ln Dallas, TX 75249		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 9-10-25	Full name of contributor ☐ out-of-state PAC (ID#: _____) John Matthews	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 120 Winding Creek Way Argyle TX 76226		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Matthew's holdings
Date 9-10-25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Veletta Forsythe-Kill	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 622 Blair Blvd Dallas TX 75223		
Principal occupation / Job title (See Instructions) Retired / Not employed		Employer (See Instructions) Retired / Not employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-11-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Rebecca Greenan</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 471 Hico TX 76457</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>9-12-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Daniel Huerta</i> Contributor address; City; State; Zip Code <i>1414 Cedar Hill Ave Dallas TX 75208</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>9-17-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Walter Roberts</i> Contributor address; City; State; Zip Code <i>P.O. Box 138 Hamlin, WV 25523</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>9-17-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>John Drake</i> Contributor address; City; State; Zip Code <i>2416 Southern Oak Dr Irving, TX 75063</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Fundraiser officer</i>		Employer (See Instructions) <i>Baylor Scott & White Irving</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 Garua</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-17-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Pam Gerber</i> 6 Contributor address; City; State; Zip Code <i>4435 Holland Ave Dallas, TX 75219</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>9-17-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Gustavo Hinojosa</i> Contributor address; City; State; Zip Code <i>4431 Holland Ave Dallas, TX 75219</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>Self / Architect</i>		Employer (See Instructions) <i>Self</i>
Date <i>9-17-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Norina Sambrano Hennessy</i> Contributor address; City; State; Zip Code <i>4825 First Hollow Dr Plano, TX 75093</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Accountant</i>		Employer (See Instructions) <i>Mc Cutchin Inv.</i>
Date <i>9-19-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Aurora Velarde</i> Contributor address; City; State; Zip Code <i>4521 Bessie Drive Dallas TX 75211</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions) <i>Program Manager</i>		Employer (See Instructions) <i>First American</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>9-17-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Nancy Jones</i> 6 Contributor address; City; State; Zip Code <i>1821 Piedmont St Irving TX 75061</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Sr. VP of Students Affairs</i>		9 Employer (See Instructions) <i>Concorde Career College</i>
Date <i>9-18-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>David Olesky</i> Contributor address; City; State; Zip Code <i>3615 Springbrook St Dallas TX 75205</i>	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>lawyer</i>		Employer (See Instructions) <i>Miller Weisbrod Olesky</i>
Date <i>9-18-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Katherine Homan</i> Contributor address; City; State; Zip Code <i>1429 Handley Drive Dallas TX 75208</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>9-18-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Clifton E. Miller</i> Contributor address; City; State; Zip Code <i>30 Meadowbrook Ln Trophy Club, TX 76242</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Management Consultant</i>		Employer (See Instructions) <i>Self</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

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2 FILER NAME <i>Dr. Elba Gama</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-18-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Judy Pollock</i> 6 Contributor address; City; State; Zip Code <i>2514 Perryton Dr. # 2210</i> <i>Dallas, tx 75224</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>9-22-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Reina Gonzalez</i> Contributor address; City; State; Zip Code <i>10022 Fieldcrest Dallas, TX</i> <i>75238</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>Gonzalez Law Group</i>		Employer (See Instructions) <i>Self</i>
Date <i>9-22-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Robert M. Smith</i> Contributor address; City; State; Zip Code <i>12 Milford Place Dallas TX</i> <i>75230</i>	Amount of contribution (\$) <i>2,500.00</i>
Principal occupation / Job title (See Instructions) <i>Accident & Injury Pain Centers</i>		Employer (See Instructions) <i>Self</i>
Date <i>9-23-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Gloria Lopez Carter</i> Contributor address; City; State; Zip Code <i>P.O Box 764897</i> <i>Dallas TX 75376</i>	Amount of contribution (\$) <i>200.00</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

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-23-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Gilbert Aguilar</i> 6 Contributor address; City; State; Zip Code <i>7123 Vinland St Dallas TX 75224</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>9-23-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Peter Schaar</i> Contributor address; City; State; Zip Code <i>4834 Chantilly Ln Dallas TX 75214</i>	Amount of contribution (\$) <i>20.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>9-23-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Ruben Esquivel</i> Contributor address; City; State; Zip Code <i>1217 Hanna Circle De Soto TX 75115</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>Executive</i>		Employer (See Instructions) <i>U.T. Southwestern</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Keith Pomykal</i> Contributor address; City; State; Zip Code <i>P.O. Box 192723 Dallas TX 75219</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Commercial Real Estate</i>		Employer (See Instructions) <i>Pomykal LLC</i>
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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-23-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Tom Metcalfe</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>4625 Penbrook Ct Plano, TX 75024</i>		
8 Principal occupation / Job title (See Instructions) <i>Comm RE</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>9-24-25</i>	Full name of contributor ☐ 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>427 N. St Augustine Rd Dallas, TX 75217</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>Self employed</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Marisa Gonzalez</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1603 Nob Hill Dr. Duncanville TX 75137</i>		
Principal occupation / Job title (See Instructions) <i>Public Health</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>John Lopez</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>2603 Florence St Grand Prairie TX 75053</i>		
Principal occupation / Job title (See Instructions) <i>Administration</i>		Employer (See Instructions) <i>FRB- Dallas</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		3 Filer ID (Ethics Commission Filers)
4 Date 9-25-25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Sophia Graham</i> 6 Contributor address; City; State; Zip Code <i>1916 Foxwood Mesquite Tx 75181</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Deputy Constable</i>		9 Employer (See Instructions) <i>Tarrant County</i>
Date 9-25-25	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>John Cruzot</i> Contributor address; City; State; Zip Code <i>8185 San Leandro Dallas, Tx 75218</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Dallas County - Texas.</i>
Date 9-25-25	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Minerva Rodriguez</i> Contributor address; City; State; Zip Code <i>1036 Opal Drive De Soto, Tx 75115</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>Public Relations</i>		Employer (See Instructions) <i>MRR.</i>
Date 9-25-25	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Stephen Smith</i> Contributor address; City; State; Zip Code <i>200 Wynnewood Village Dallas, Tx 75224</i>	Amount of contribution (\$) <i>2000.00</i>
Principal occupation / Job title (See Instructions) <i>Management</i>		Employer (See Instructions) <i>AIPC.</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

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4 Date <i>9-25-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Chris Heinbaugh</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1801 Amex Ave #507 Dallas, TX 75204</i>		
8 Principal occupation / Job title (See Instructions) <i>Executive</i>		9 Employer (See Instructions) <i>Atet Performing Arts Center</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Renato de los Santos</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>918 Carriage Way Duncanville, TX 75134</i>		
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Non profit</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Robert Hopkins</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>5320 Live Oak Dallas, TX 75206</i>		
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>Dallas College</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Maria Cristina Romero</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6946 George Brown Dr. Garland TX 75043</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-25-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Jacob Ginsberg</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>6172 Preston Haven Dr. Dallas, TX 75230</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Ginsberg & Associates</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Russell Budd</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>3102 Oak Lawn Ave Suite 1100 Dallas, TX 75219</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>Baron & Budd</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Les Weiskrod</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>11551 Forest Central Dr Ste 300 Dallas, TX 75243</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>Miller, Weiskrod Olesky</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Cristal Retana</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2512 Bill Moses Parkway Farmer Branch TX 75234</i>		
Principal occupation / Job title (See Instructions) <i>Healthcare</i>		Employer (See Instructions) <i>Healthcare</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-25-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Diana Marquez</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>1408 N. Riverfront Blvd. Dallas, TX 75208</i>		
8 Principal occupation / Job title (See Instructions) <i>Consult</i>		9 Employer (See Instructions) <i>DMGroup consulting</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Hector Cantu</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>304 Lawndale Dr Dallas, TX 75080</i>		
Principal occupation / Job title (See Instructions) <i>Writer</i>		Employer (See Instructions) <i>Self</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Kenneth Medlock</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1431 Nob Hill Circle Duncanville TX 75137</i>		
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Townview Realtors</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Ellen Fitzsimmons</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1135 N. Winnetka Ave Dallas, TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Not employed - retired</i>		Employer (See Instructions) <i>Not employed</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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>9-25-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Thomas Barron</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>3227 McKinney Ave, 22C Dallas, TX 75204</i>		
8 Principal occupation / Job title (See Instructions) <i>Law</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Priscilla Vigilante</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1802 Green Oaks Dr. Ft. Worth, TX 75061</i>		
Principal occupation / Job title (See Instructions) <i>Physician Liaison</i>		Employer (See Instructions) <i>Healthcare</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Mary Carrazos</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>302 E. Crossland Blvd. Grand Prairie TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>GPISD</i>
Date <i>9-25-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Regina Montoya</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>5230 Lobello Dr. Dallas, TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Regina T. Montoya PLLC</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-29-25

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Louis C. Luckhardt

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

1202 Jolay Ennis Tx 75119

8 Principal occupation / Job title (See Instructions)

Not employed

9 Employer (See Instructions)

Not employed

Date

9-25-25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gustavo Esono Obono

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

*24535 E. University Dr 6304
Aubrey Tx 76227*

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Real estate.

Date

9-25-25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Luis & Lourdes Spinola

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

*4608 Windsor Ridge Dr
Irving Tx 75038*

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Arteca / Omega

Date

9-25-25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mano Casarez

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

*197 Pz 60801, Carmona TX
76520*

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

RHA.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-29-25

5 Full name of contributor

☐ out-of-state PAC (ID#)

Carmen Garcia

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2500 McKinney Ave 822 TX
Dallas 75201

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

ABAAC, consulting

Date

9-29-25

Full name of contributor

☐ out-of-state PAC (ID#)

James Trujillo

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

1110 W. Mockingbird.
Dallas TX 75247

Principal occupation / Job title (See Instructions)

Attorney at Law

Employer (See Instructions)

Self

Date

9-29-25

Full name of contributor

☐ out-of-state PAC (ID#)

Willis & Sophia Johnson

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1001 Belleview St
Dallas TX 75215

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

JBJ

Date

9-29-25

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Jones

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

P.O Box 2475
De Soto TX 75123

Principal occupation / Job title (See Instructions)

Judiciary

Employer (See Instructions)

Dallas County

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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>9-29-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Stephanie Valdez</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>6710 Golf Hill Dr. Dallas, TX 75232</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>George M & Teresa Edwards.</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>4431 Merrell Rd Dallas TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Alfred & Sylvia Lagos</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>131 N. Montclair Ave Dallas TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>John Lee Proctor</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>1524 Oak Meadows Dr. Dallas, TX 75232</i>		
Principal occupation / Job title (See Instructions) <i>CEO - President</i>		Employer (See Instructions) <i>Coverall Management</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-29-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Gilbert Aranza</i> 6 Contributor address; City; State; Zip Code <i>P.O. BOX 601527 Dallas TX 75360</i>	7 Amount of contribution (\$) <i>2000.00</i>
8 Principal occupation / Job title (See Instructions). <i>Concessionaire</i>		9 Employer (See Instructions) <i>Star Concessions</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Ben F & Christy D. Abbott</i> Contributor address; City; State; Zip Code <i>3415 Beverly Dr. Dallas TX 75205</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>Self</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Susana Ramirez</i> Contributor address; City; State; Zip Code <i>1024 Cove Meadow Cedar Hill TX 75104</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions) <i>Grand Prairie ISD</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Michael Anthony Orozco</i> Contributor address; City; State; Zip Code <i>5016 Broom Ln Dallas, TX 75227</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Constable</i>		Employer (See Instructions) <i>Dallas County</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>9-29-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Rosalinda Garcia</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>4308 Sierra Dr. 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>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Susy Rios</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>8823 Merritt Rd. Powlett Tx 75089</i>		
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions) <i>Dallas ISD</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Brian B. Mc Govern</i>	Amount of contribution (\$) <i>400.00</i>
Contributor address; City; State; Zip Code <i>4364 Royal Ridge Dr. Dallas, tx 75229</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>9.29.25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Larry Hall or Sharon Hall</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>4518 Rosebud Dr. Powlett Tx 75089</i>		
Principal occupation / Job title (See Instructions) <i>President / CEO</i>		Employer (See Instructions) <i>Managed Services</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

1. The first part of the paper is devoted to a general discussion of the problem.

2. The second part is devoted to a detailed study of the case of a single particle.

3. The third part is devoted to a study of the case of a system of particles.

4. The fourth part is devoted to a study of the case of a system of particles.

5. The fifth part is devoted to a study of the case of a system of particles.

6. The sixth part is devoted to a study of the case of a system of particles.

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>9-29-29</i>	5 Full name of contributor ☐ 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>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Martin J. Hoffman</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>P.O Box 59642 Dallas TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>Judiciary</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Carol Crabtree Donovan</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>6333 E. Mockingbird Ln Dallas, tx 75214</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>SELF</i>
Date <i>9-29-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Ramon Gonzalez</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>4035 Purey St Dallas tx 75212</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>The Law firm of James D. Trujillo</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		3 Filer ID (Ethics Commission Filers)
4 Date 10-01-25	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Rene Martinez</i> 6 Contributor address; City; State; Zip Code <i>7007 arboreal Dallas TX 75231</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Consultant</i>		9 Employer (See Instructions) <i>LIC</i>
Date 10-01-25	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Sophia Johnson</i> Contributor address; City; State; Zip Code <i>1001 Belkview, PH1 Dallas TX 75215</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>ABI</i>
Date 10-02-25	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Andres Rugo</i> Contributor address; City; State; Zip Code <i>12056 Forestgate Dr Dallas TX 75243</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Link America</i>
Date 10-02-25	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Jack Matthews</i> Contributor address; City; State; Zip Code <i>120 Winding Creek Way Dallas, TX 75226</i>	Amount of contribution (\$) <i>2,000.00</i>
Principal occupation / Job title (See Instructions) <i>PRE & PDENT</i>		Employer (See Instructions) <i>Matthews</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-02-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Michael Hinojosa</i> Contributor address; City; State; Zip Code <i>2300 Welf St Unit 112 Dallas, TX 75201</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Consultant</i>		9 Employer (See Instructions) <i>Together Network</i>
Date <i>10-03-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Juanita Nanez</i> Contributor address; City; State; Zip Code <i>3852 Medallion Dallas, TX 75229</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>10-03-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Fernando Andrade</i> Contributor address; City; State; Zip Code <i>4775 Chapel Hill Rd Dallas, TX 75214</i>	Amount of contribution (\$) <i>2000.00</i>
Principal occupation / Job title (See Instructions) <i>Architect</i>		Employer (See Instructions) <i>GSR Andrade Architects.</i>
Date <i>10-05-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Alfredo Duarte</i> Contributor address; City; State; Zip Code <i>2441 Mountain View Ct. Cedar Hill, TX 75104</i>	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Taxco Produce.</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-05-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>J. Christopher Luna</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4033 Prescott Ave. Dallas, TX 75219</i>		
8 Principal occupation / Job title (See Instructions) <i>President</i>		9 Employer (See Instructions) <i>SPCA</i>
Date <i>9-26-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Nicola Longford</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>535 S. Cesar Chavez Blvd. Dallas TX 75201</i>		
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Museum.</i>
Date <i>10-07-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Cecilia McKay</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>14916 Havenshire Pl. Dallas TX 75254</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>10-07-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Clay Jenkins</i>	Amount of contribution (\$) <i>1000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>7022 S. Janmar Dr Dallas TX 75230</i>		
Principal occupation / Job title (See Instructions) <i>Judge.</i>		Employer (See Instructions) <i>Dallas County</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-05-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Roseario Gallo</i>	7 Amount of contribution (\$) <i>30.00</i>
6 Contributor address; City; State; Zip Code <i>5565 Preston Oaks Rd #146 Dallas TX 75254</i>		
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>10-05-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Sean Cox</i>	Amount of contribution (\$) <i>250.00</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>Law Offices of Sean R. Cox</i>
Date <i>10-5-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Ramon Miguez</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>6205 La Cosa Dr. Dallas, TX 75248</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed.</i>
Date <i>10-05-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Charles Ku</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>148 Red Oak Ln Flower Mound, TX 75028</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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2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-09-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Merling Lio</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>2204 Old McGarran Rd McKinney TX 75072</i>		
8 Principal occupation / Job title (See Instructions) <i>Education</i>		9 Employer (See Instructions) <i>Texas conservation alliance</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Ingrid M. Warren</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>600 Commerce St Suite 200 Dallas, TX 75202</i>		
Principal occupation / Job title (See Instructions) <i>Judge</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>10-08-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Juan Jasso</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O Box 3764 Dallas TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Judge</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>10-08-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Sylvia Camarillo</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>3 Richmond Court ct Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>Marketing</i>		Employer (See Instructions) <i>56I Salcedo Group.</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.

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>10-09-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Alfredo L. Duarte</i>	7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; City; State; Zip Code <i>2441 Mountain View Ct Cedar Hill TX 75104</i>		
8 Principal occupation / Job title (See Instructions) <i>CEO</i>		9 Employer (See Instructions) <i>Taxco Produce</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Alma Valdez Rubio</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2011 Ferndale Ave. Dallas TX 75224</i>		
Principal occupation / Job title (See Instructions) <i>Management</i>		Employer (See Instructions) <i>La Calle Doce</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Tom Robles</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>2704 Twin Post Ct Irving, TX 75062</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Anthony Farmer</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>901 Main St Ste 5330 Dallas, TX 75202</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		Employer (See Instructions) <i>Self</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.

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>10-09-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Laura Sanchez</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>1514 Cedar Hill Ave Dallas, TX 75208</i>		
8 Principal occupation / Job title (See Instructions) <i>C.E.O</i>		9 Employer (See Instructions) <i>La Calle Dore</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Jeffrey M. Tillotson</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>1201 Main St Dallas, TX 75202</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Tillotson, Johnson & Patton</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Sally Montgomery</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>14115 Tanglewood Dr Dallas TX 75234</i>		
Principal occupation / Job title (See Instructions) <i>Judge</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Claudia Toroscano</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6812 E. Mockingbird Ln Dallas, TX 75214</i>		
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions) <i>City of Dallas</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-09-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Alejandra Arriaga</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>4516 Flo Ave, Dallas, TX 75211</i>		
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Eric Mata</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>1500 N. Fitzhugh Ave #119 Dallas, TX 75204</i>		
Principal occupation / Job title (See Instructions) <i>Recruiter</i>		Employer (See Instructions) <i>Dallas Morning News</i>
Date <i>10-09-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Mary Dominguez</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>613 Thorwood Trail Grand Prairie, TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date <i>10-15-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Arcelia Acosta</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>535 Regal Road Dallas, TX 75247</i>		
Principal occupation / Job title (See Instructions) <i>President/CEO</i>		Employer (See Instructions) <i>Caroon Industries</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.

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>10-28-25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Joseph W. Dingman & Coral</i>	7 Amount of contribution (\$) <i>1000.00</i>
	6 Contributor address; City; State; Zip Code <i>13223 Glad Acres Dr. Dallas TX 75234</i>	
8 Principal occupation / Job title (See Instructions) <i>Vice Chair</i>		9 Employer (See Instructions) <i>Catholic Foundation</i>
Date <i>11-06-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Gustavo Esono Obono</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>24535 E. University Dr. 6304 Aubrey, TX 76227</i>	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Real estate</i>
Date <i>11-06-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Noel Santini</i>	Amount of contribution (\$) <i>250.00</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>11-06-25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Dallas County Tejano Democrats</i>	Amount of contribution (\$) <i>350.00</i>
	Contributor address; City; State; Zip Code <i>3330 N. Galloway Ste 304 #111 Mesquite, TX 75150</i>	
Principal occupation / Job title (See Instructions) <i>Political Organization</i>		Employer (See Instructions) <i>Political Organization</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
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: 13		2 FILER NAME Dr. Elba Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 9-29-25		5 Payee name Act Blue			
6 Amount (\$) 248.50		7 Payee address; P.O BOX 441146		City; Somerville Ma State; 02144 Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Banking Expense		
	(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 10-01-25		Payee name Act Blue			
Amount (\$) 92.14		Payee address; P.O BOX 441146		City; Somerville Ma State; 02144 Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Banking Expense		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10-15-25		Payee name Act Blue			
Amount (\$) 242.81		Payee address; P.O BOX 962019		City; Boston State; Massachusetts Zip Code 02196	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Banking fees		
	☐ 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 Garza</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-15-25</i>		5 Payee name <i>Act Blue</i>			
6 Amount (\$) <i>461.72</i>		7 Payee address; <i>P.O Box 962017</i>		City; <i>Boston</i>	State; <i>Massachusetts</i>
				Zip Code <i>02196</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Banking Fees</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>10-28-25</i>		Payee name <i>Act Blue</i>			
Amount (\$) <i>117.24</i>		Payee address; <i>P.O Box 962017</i>		City; <i>Boston</i>	State; <i>Massachusetts</i>
				Zip Code <i>02196</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Banking Fees</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>10-28-25</i>		Payee name <i>Act Blue</i>			
Amount (\$) <i>187.29</i>		Payee address; <i>P.O Box 962017</i>		City; <i>Boston</i>	State; <i>Massachusetts</i>
				Zip Code <i>02196</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Banking Fees.</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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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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>8-5-25</i>	5 Payee name <i>Latino 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>	
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>8-14-25</i>	Payee name <i>AFL-CIO Dallas Labor Day Breakfast</i>		
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>1408 N. Washington Ave Dallas TX 75204 Suite 240</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>labor Day 1/2 page ad</i>	
	(c) ☐ 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>8-15-25</i>	Payee name <i>Democracy Toolbox</i>		
Amount (\$) <i>2000.00</i>	Payee address; City; State; Zip Code <i>P.O Box 6250 McKinney TX 75071</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign/materials</i>	
	(c) ☐ 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	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>8-16-25</i>		5 Payee name <i>Post Master</i>			
6 Amount (\$) <i>268.00</i>		7 Payee address; City; State; Zip Code <i>515 Centre St Dallas TX 75208</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>P.O Box fee</i>	
		(c) ☐ Check if individual's residence address.		☐ 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>9-2-25</i>		Payee name <i>Amazon</i>			
Amount (\$) <i>67.10</i>		Payee address; City; State; Zip Code <i>440 Terry Ave Seattle WA 98109</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Cepts/Awards/Memorials</i>		Description <i>STEM Back to school pencils</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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <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/Officerholder/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>12-2-25</i>	5 Payee name <i>Act Blue</i>	
6 Amount (\$) <i>67.42</i>	7 Payee address: <i>P.O Box 962017</i>	City; State; Zip Code <i>Boston Massachusetts 02196</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Banking Fees.</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officerholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held

Date <i>7-3-25</i>	Payee name <i>Latino Communications Group</i>		
Amount (\$) <i>1000.00</i>	Payee address: <i>P.O Box 4793</i>	City; State; Zip Code <i>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>	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officerholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held	

Date <i>8-5-2025</i>	Payee name <i>Rotary Club of Grand Prairie</i>		
Amount (\$) <i>225.00</i>	Payee address: <i>P.O Box 530182</i>	City; State; Zip Code <i>Grand Prairie TX 75053</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Dues</i>	Description <i>First Quarter.</i>	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officerholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder 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 To complete Schedule F1:		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-11-25</i>		5 Payee name <i>Beth Eden Baptist Church</i>			
6 Amount (\$) <i>50.00</i>		7 Payee address; City; State; Zip Code <i>1125 E. Red Bird Lane Dallas TX 75241</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>1/2 page Ad 60th Year Anniversary</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>9-11-25</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>			
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	
Date <i>9-12-25</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>69.81</i>		Payee address; City; State; Zip Code <i>350 N. Bluegrove Rd Lancaster TX 75146</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Snacks for Hispanic Heritage Parade</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	

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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/Bookkeeping	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 To a, page Schedule F1:		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-17-25</i>		5 Payee name <i>Reilly Echols Printing Inc.</i>			
6 Amount (\$) <i>1,500.00</i>		7 Payee address; <i>1710 S. Harwood</i>		City; <i>Dallas</i>	State; <i>TX</i>
				Zip Code <i>75215</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>political Door Hangers</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>9-18-25</i>		Payee name <i>Irving Brand NAACP</i>			
Amount (\$) <i>100.00</i>		Payee address; <i>P.O Box 166253</i>		City; <i>Irving</i>	State; <i>TX</i>
				Zip Code <i>75016</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ad for Freedom Fund luncheon</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>9-25-25</i>		Payee name <i>La Calle Doce</i>			
Amount (\$) <i>329.34</i>		Payee address; <i>415 W 12th St</i>		City; <i>Dallas</i>	State; <i>TX</i>
				Zip Code <i>75208</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>		Description <i>Fundraiser</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

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 Garza</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-2-25</i>		5 Payee name <i>Elite News.</i>			
6 Amount (\$) <i>300.00</i>		7 Payee address: <i>P.O Box 380071 Duncanville</i>		City; <i>TX</i>	State; Zip Code <i>75183</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising - Expense</i>		(b) Description <i>1/2 page Ad For event.</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>10-02-25</i>		Payee name <i>Sam's Club.</i>			
Amount (\$) <i>69.70</i>		Payee address: <i>2900 W. Wheatland Rd.</i>		City; <i>TX</i>	State; Zip Code <i>75237</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food expense</i>		Description <i>Snacks for Jaycee Zaragoza Rec ctr event</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>10-11-25</i>		Payee name <i>Dallas County Democratic Party</i>			
Amount (\$) <i>100.00</i>		Payee address: <i>1414 N. Washington Ave</i>		City; <i>Dallas</i>	State; Zip Code <i>TX 75204</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		Description <i>Hispanic Heritage Month event</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	

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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/Officerholder/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 on Schedule F1:		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-7-25</i>		5 Payee name <i>Latino Communications Group</i>			
6 Amount (\$) <i>1000.00</i>		7 Payee address: <i>P.O Box 4773</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>Consulting Event</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 / Officerholder name		Office sought	
				Office held	
Date <i>10-16-25</i>		Payee name <i>Democracy Toolbox</i>			
Amount (\$) <i>2,065.00</i>		Payee address: <i>P.O Box 6250</i>		City; <i>McKinney</i>	State; <i>TX</i>
				Zip Code <i>75071</i>	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought	
				Office held	
Date <i>10-23-25</i>		Payee name <i>Edwards & Patterson Signs</i>			
Amount (\$) <i>1,645.36</i>		Payee address: <i>203 S. Belt Line Rd</i>		City; <i>Irving</i>	State; <i>TX</i>
				Zip Code <i>75060</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Yard signs</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 / Officerholder 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>10-24-25</i>	5 Payee name <i>Rotary Club of Grand Prairie</i>			
6 Amount (\$) <i>200.00</i>	7 Payee address; <i>P.O Box 530182 Grand Prairie TX 75053</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>Fees</i>		(b) Description <i>Dues</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>11-5-2025</i>	Payee name <i>Vidorra Grand Prairie</i>			
Amount (\$) <i>308.54</i>	Payee address; <i>2959 South State Highway 161 Grand Prairie TX 75052</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>Food Beverage Expense</i>		Description <i>DWI press conference</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>11-11-25</i>	Payee name <i>Rotary Club of Grand Prairie</i>			
Amount (\$) <i>225.00</i>	Payee address; <i>P.O Box 530182 Grand Prairie TX 75053</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>Fees</i>		Description <i>Dues</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

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>11-17-25</i>		5 Payee name <i>Democracy toolbox</i>			
6 Amount (\$) <i>200.00</i>		7 Payee address; City; State; Zip Code <i>P.O Box 6250 McKinney TX 75071</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Benevance/Expense</i>		(b) Description <i>Thanks giving food drive HD 103</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>11-17-25</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 fees</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					
Date <i>11-24-25</i>		Payee name <i>The 23rd Senatorial Dist. Tejano Democrats</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>10432 High Hollows Dr. #141 Dallas TX 75238</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation made by officeholder</i>		Description <i>Tejano Democrats Holiday Sponsorship</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					
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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>11-24-25</i>		5 Payee name <i>Elite News</i>			
6 Amount (\$) <i>800.00</i>		7 Payee address; City; State; Zip Code <i>3155 S. Lancaster Rd Dallas TX 75216</i> <i>Ste 240</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>Web site Ads</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>12-1-25</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 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <i>12-5-25</i>		Payee name <i>Democracy toolbox</i>			
Amount (\$) <i>2110.00</i>		Payee address; City; State; Zip Code <i>P.O Box 6250 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 rally & tamale 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	
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>12-18-25</i>	5 Payee name <i>ADK Specialties</i>	
6 Amount (\$) <i>1,231.41</i>	7 Payee address; City; State; Zip Code <i>1201 Anderson Irving TX 75062</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	
	(b) Description <i>Political bags for distribution</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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		
	Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <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		
	☐ 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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