CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Gu | uide explains how to | complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|--|--|-------------------------|--|--|
| CANDIDATE / OFFICEHOLDER | MS / MRS / MR | Elba | MI | OFFICE USE ONLY |
| NAME | NICKNAME | LAST | SUFFIX | Date Received |
| CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; | W-Jeff Dallas, | city; state; zip code erson X 75208 | 2022 OC 2022 OC 004 BY |
| CANDIDATE/ OFFICEHOLDER PHONE | (214) 9 | PHONE NUMBER | | Date Hand-delivered or Date Postmarked |
| CAMPAIGN TREASURER NAME | MS / MRS / MR MVS NICKNAME | Anasta LAST Semos | SUFFIX | Date Processed ACT 33 |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (N | O PO BOX PLEASE); APT | Antero Dr | ** TX 76 006 |
| (Residence or Business) 8 CAMPAIGN TREASURER PHONE | AREA CODE (214) 2 | PHONE NUMBER 17 → 5 75 | Arlington, extension | |
| 9 REPORT TYPE | January 15 July 15 | 30th day befo | Exceeded Modified | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month 9 | Day Year / 30 / 20 | Month 27 THROUGH 10 | Day Year / 28 / 2027 |
| 11 ELECTION | Month Day | Year Prin | election TYF mary Runoff Other Description neral Special | E |
| 12 OFFICE | Dallo (Vo | onty Commis | | . County Commission De |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC CONSENT. CANDIDATES | AND OFFICEHOLDERS ARE | | MADE BY POLITI€AL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FINEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages | GENERAL | COMMITTEE NAME | | |
| | SPECIFIC | COMMITTEE CAMPAIG | N TREASURER NAME | |
| Auditional Lages | 31 20110 | | SN TREASURER ADDRESS | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 5 C/OH NAME | 1 | 16 Filer ID (Ethics Commission Filers) |
|---|--|---|
| | | |
| CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 40.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9.060.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 29,912.36 |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ 143, 744.0 |
| | Signature of Car | ndidate or Officeholder |
| | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 | |
| 1) Affidavit | Please complete either option below Karen Wayada My Commission Expires | |
| NOTARY STAMP/SE | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL | r: |
| NOTARY STAMP/SE | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL ad before me by DR, Elba GARCA this the | |
| NOTARY STAMP/SE | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL ad before me by DR, Elba GARCA this the fly which, witness my hand and seal of office. | r: |
| NOTARY STAMP/SE. Sworn to and subscribe 20, to certif | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL ad before me by DR, Elba GARCIA this the fy which, witness my hand and seal of office. KAREN WAWADA | r: |
| NOTARY STAMP/SE. Sworn to and subscribe 20, to certif | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL ad before me by DR, Elba GARCIA this the fy which, witness my hand and seal of office. KAREN WAWADA | 3/st day of October. |
| NOTARY STAMP/SE. Sworn to and subscribe 20 22, to certif Company of the | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL Ed before me by DR, Elba GARCIA this the fy which, witness my hand and seal of office. KAREN DAWIDA Printed name of officer administering oath OR | 3/st day of October |
| NOTARY STAMP/SE. Sworn to and subscribe 20 22, to certif Company to the | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL Ed before me by DR, Elba GARCIA this the fy which, witness my hand and seal of office. KAREN DAWIDA Printed name of officer administering oath OR | 3/st day of October |
| NOTARY STAMP/SE. Sworn to and subscribe 20 22 , to certif Signature of officer adminis (2) Unsworn Declara | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL Ed before me by DR, Elba GARCIA this the fy which, witness my hand and seal of office. KAREN DAWIDA Printed name of officer administering oath OR | 3/st day of October Notably Title of officer administering oat |
| NOTARY STAMP/SE. Sworn to and subscribe 20, to certif Signature of officer adminis (2) Unsworn Declara My name is | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL Ad before me by DR. Elba GARCA this the fly which, witness my hand and seal of office. KAREN WANDA Printed name of officer administering oath OR | 3/st day of October Notably Title of officer administering oat |
| NOTARY STAMP/SE. Sworn to and subscribe 20, to certif Signature of officer adminis (2) Unsworn Declara My name is | Please complete either option below Karen Wavada My Commission Expires 01/13/2025 ID No 130962804 AL ad before me by DR, Elba GARCA this the fity which, witness my hand and seal of office. KAREN DAWADA stering oath Printed name of officer administering oath OR ation | 3/st day of October. Notably Title of officer administering oat |
| Sworn to and subscribe 20, to certif Signature of officer adminis (2) Unsworn Declara My name is My address is | Please complete either option below Note: Karen Wavada My Commission Expres 01/13/2025 1D No 130962804 AL ad before me by DR. Elba GARCA this the fry which, witness my hand and seal of office. HAREW WAVAID A stering oath Printed name of officer administering oath OR ation , and my date of birth is | Title of officer administering oat (state) (zip code) (country) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 Filer ID (Ethics Com | | nmission Filers) |
|-----|--|---|--------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 10,000.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | SCHEDULE E: LOANS | SCHEDULE E: LOANS | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 29,912.36 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | EDULE 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 FU | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | |
| 10 | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C | ONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOR FILER | JTIONS RETURNED | \$ |

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: |
|--|--|
| Dr. Elba Garcia | 3 Filer ID (Ethics Commission Filers) |
| Date 5 Full name of contributor out-of-state PAC (ID#: A partment Association g breater Dalla PAC 6 Contributor address; City: State; Zip Code 5728 LBS from Sente 100 Dally, Tx 7524 | 7 Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See Instructions) Apartment Association 9 Employer (See Instructions) PAC | |
| Date Full name of contributor Albert Black Contributor address; City: State; Zip Code 751 Kessler Luke Dr. 75208 | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) LEO On-Target Supplies a Logistics | structions) CEO - |
| Date Full name of contributor Veletta Forsythe hill Contributor address; City: State; Zip Code O22 Blair Blvd Dallos Tx 75223 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Employer (See In | |
| Date Full name of contributor Julie & Michael Lowenbe Contributor address; Z828 Hood St Apt 1102 Dallo: \$752 | 19 |
| Principal occupation / Job title (See Instructions) | employed |
| | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | E AS NEEDED |

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

| The In | struction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
|--------------------|--|-------------------------|---------------------------------------|
| 2 FILER NAME | r. Elba Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC | | 7 Amount of contribution (\$) |
| 100 35000 | Catalina E. Gar | reta MD State: Zip Code | 100.00 |
| | 10455 N. Cental Ex | :pressway # 109 | 7-314 |
| 8 Principal occupa | ation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| | Not employed | Not e | mployed |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 10 12-27 | AND AN ARCH AN ARCHARACTER TO THE ARCHARACTER TO TH | State; Zip Code | 100,00 |
| 10-17-22 | 3555 Golfing breen Di Farmers branch | | |
| Principal occupa | tion / Job title (See Instructions) | Employer (See Instruc | tions) |
| | Attorney | Dishict K | Horney |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 10-17-22 | Contributor address; City; | State; Zip Code | 500.00 |
| | Contributor address; Chy; 2777 W-Stemmons fre Dalla tx | 75229 | |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instru | etions) |
| | Partner | hine bargt | Attorneys at how |
| Date | Full name of contributor | | Amount of contribution (\$) |
| 10-17-22 | Elizabeth fonce | | 500.00 |
| 10 11-60 | Contributor address; City; 627 St. Augustine | Rd 75-217 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instru | ctions) |
| | esident | Picasso 1 | Cen hactors L |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS | NEEDED |

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|-------------------|--|---------------------------------------|
| 2 FILER NAME | Elba Garcia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state_PAC (ID#: | 7 Amount of contribution (\$) |
| 10-17-22 | 6 Contributor address; City; State; Zip Code 531 Ranch Trail #15-77 Fring TX 75063 | 100.00 |
| 8 Principal occup | Dot title (See Instructions) 1 Semployer (See Instructions) 1 Semployer (See Instructions) 1 Semployer (See Instructions) 1 Semployer (See Instructions) | uctions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 10-18-22 | Contributor address; City; State; Zip Code | 300.0 |
| | Contributor address; City; State; Zip Code (4 14 N Bishep She 3 Dalles TV 75208 Particip / John title (See Instructions) Employer (See Instructions) | |
| Principal occup | Refired Refired. | uctions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 10-21-22 | David Lozano Contributor address; City; State; Zip Code 3630 Harry Hines Blood Dallo TK 75-219 | 100.00 |
| Principal occup | action / Joh title (See Instructions) Employer (See Instr | uctions) |
| | Director Cara | Min theutoe |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 10-21-22 | Contributor address; City: City: Dr. State; Zip Code | 100.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | |
| | Medieal Interpreter Porkl | and bealth |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | |

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: |
|------------------------|--|-----------------------------|---------------------------------------|
| FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Date 0-21-22 | 5 Full name of contributor out-of-state PAC Reina Gonzalez 6 Contributor address; City; 10022 Field crest Dallis, **X | State; Zip Code | 7 Amount of contribution (\$) |
| Principal occu | Attorney | 9 Employer (See Instruction | z Law Group. |
| Date 10-21-22 | Full name of contributor out-of-state PAC Candace Valenz Contributor address; City; 3925 Saint Christopi | vela | Amount of contribution (\$) |
| | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| De | partment of Housing | Regional A | Administrator |
| Date 10 - 21 - 22. | Full name of contributor out-of-state PAC Madeline Mc Clure Contributor address; 9019 Broken Kryrow Dallin, to | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | not employed | not e | mployed |
| Date /0 - 21 - 22 - | Full name of contributor out-of-state PAC KY1SI Kast Contributor address; City; 4144 W. Central Exp | (ID#:) | Amount of contribution (\$) 250. |
| Principal occu | Attorney | Employer (See Instructi | ons) aW |
| | ATTACH ADDITIONAL COPIES O | | |

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 f | orm. | 1 Total pages Schedule A1: |
|------------------|---|-------------------------------------|---------------------------------------|
| 2 FILER NAME | Elba Garga | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (I | D#:) | 7 Amount of contribution (\$) |
| 10-21-22 | 6 Contributor address; 8823 Merritt Rd. 2001ett, tx | State; Zip Code 757089 | 500.0 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | nol |
| 1 | SSIStant Principal | D (S | Display |
| Date | Full name of contributor out-of-state PAC (1) | D#:) | Amount of contribution (\$) |
| 10-21-22 | Contributor address; City; 30 & Laure L Trail | State; Zip Code | 100.00. |
| | Terrell, t | 2 75-160 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ns) |
| | Not employed | | |
| Date | Full name of contributor out-of-state PAC (I | | Amount of contribution (\$) |
| 10-21-22 | Contributor address; City; Jan Jallan Jallan | State; Zip Code | 100.00 |
| | Jaim, | | |
| 2.00 | pation / Job title (See Instructions) Representation of the Consultant | Employer (See Instruction H. R. Pro | usions/Self. |
| Date | Full name of contributor | | Amount of contribution (\$) |
| 10-21,22 | Stephanie Vald Contributor address; City; Dr. 6710 Golf Hill Dr. | State; Zip Code | 100.00 |
| Principal occur | pation / Joby title (See Instructions) | | - 12 |
| Principal occup | A Horney | Stewart J | 16uss & Assc. |
| | | | |
| | ATTACH ADDITIONAL COPIES OF | THIS SCHEDULE AS NE | EDED |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|------------------|--|---------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | 5 Full name of contributor out-of-state PAC (ID#: | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| | | Amount of contribution (\$) |
| | Rosario Gallo | |
| 112-71-77 | 6 Contributor address: City: State: Zin Code | 20.0 |
| 10 21-20 | 6 Contributor address; City; State; Zip Code 5565 Preston Oaks Rd Apt 146 | |
| | Dalle + 75-25 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | er Tarana N |
| | | |
| | ensultant Nema | n Marcus |
| | | |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Louis R | |
| 10-21-22. | Jewi Cox | =0000 |
| 1 01 12. | Contributor address; City; State; Zip Code | 500,00 |
| | 10012 field on st Di | |
| | Sean R. Cox. Contributor address; City: Dr. State: Zip Code 10022 Field west Dr. Dally, tx 75-238-1852. | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | Attorney at Law Gonzale | ez Law Group |
| | of the after | e rece steep |
| Date | Full name of contributor | Amount of contribution (\$) |
| | 71.7 | Amount of contribution (\$) |
| 2 22 | Delia Jasso | 500.0 |
| 10-51.55 | Contributor address; City; State; Zip Code | 300. |
| | 821 Haines, Aul | |
| | Dallos, 7x 75-208 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | Consultant Selt | |
| | Consultant Self | |
| Date | Full name of contributor Quit-of-state PAC (ID# | |
| | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| | Voince Jones Hill | |
| 15.15.01 | | 100.00 |
| | 11,20 Acerbules Dr. | 100 |
| | Contributor address; City; State; Zip Code 1629 Acarpul co Dr. 232 | |
| Principal occur | 9 | UX |
| i iliopai occap | 1/1/ | lions) |
| | Attorney at Luw Selz | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | |
| | If contributor is out-of-state PAC, please see Instruction guide for additional r | reporting requirements. |

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|------------------|--|---------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Dr. Elba Garcia | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#; | 7 Amount of contribution (\$) |
| | Made al 1 de mariola | |
| - 3/ - 5 | Man a Linda Wassener | 100.00 |
| 10-21/22 | 6 Contributor address; City; State; Zip Code | e ///// |
| | 6 Contributor address; City; State; Zip Code 5221 Pebble brook D1 | |
| | Dulla tx 75-229 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See | Instructions) |
| | Retued Retired | |
| | 11/2000 | |
| Date | Full name of contributor ut-of-state PAC (ID#: |) |
| | | Amount of contribution (\$) |
| 10-22-22 | Harryeite Ehrhardt | |
| 10 000 | Contributor address; City; State; Zip Cod | 25.00 |
| | 5731 Swiss Aue, | |
| | Dalles, tx 15214 | |
| Principal accur | - 6 | |
| Frincipal occup | 0// | |
| | Kehred Keti | red. |
| Tress. | | |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Whichon Cocamel | |
| 10-24-22 | Contributor address; City; State; Zip Code | 250, W |
| 10 74.00 | Contributor address; City; State; Zip Code | e 2004 |
| | 121% Hanna Corde | |
| | De Solo 1x 75115 pation / Job title (See Instructions) Employer (See | |
| | pation / Job title (See Instructions) Employer (See | Instructions) |
| Vict | hendent of U.TSW Ut: | SW Medical Center |
| | 0.000 | of present copies, |
| Date | Full name of contributor |) Amount of contribution (\$) |
| | 47 / 0 / . | |
| | Wood Santini | |
| 10-26-22 | Contributor address; City; State; Zip Code | 100- |
| 2000 | 3460 Mockingbird Kn | |
| | Contributor address: City: State: Zip Code 3460 Mocking bird fin 75205 | |
| Principal occu | pation / Job title (See Instructions) Employer (See | Instructions) |
| | Physician Par | kland |
| | 19510411 | i-aun G |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDU | E AS NEEDED |
| | If contributor is out-of-state PAC, please see Instruction guide for add | |
| | guide for au | aniena, reporting requirements. |

SCHEDULE A1

| The In | struction Guide explains how to complete th | nis form. | 1 Total pages Schedule A1: |
|--------------------|---|------------------------------------|--|
| 2 FILER NAME | dr. Elba Carria | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 | Curol C. Donvia & Dames Contributor address; City; | (0) | 7 Amount of contribution (\$) 250. **D |
| 8 Principal occupa | tion / Job title (See Instructions) Afforew at huw | 9 Employer (See Instruction Self. | ons) |
| Date 10 -24-72 | Full name of contributor out-of-state of Santuage from Science Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occupat | on / Job title (See Instructions) Refred | Employer (See Instruction Retires | |
| Date 10 - 24 - 22 | Full name of contributor Faulent Contributor address; City: City: Caller Ave. Caller Ave. | State; Zip Code | Amount of contribution (\$) |
| / | on / Job title (See Instructions) Jounty Treasurer | Employer (See Instructi | ons) |
| Date 10-24-22 | Full name of contributor out-of-state of any and A-Ragan Contributor address; City; 4305. Rearl Expression Dally 47 78 | State; Zip Code | Amount of contribution (\$) 250. |
| Property . | ion /Job title (See Instructions) | Employer (See Instruction Wild Cut | Managemen4 |
| (| ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In | | |

SCHEDULE A1

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

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|--|--|
| 2 FILER NAME Dr. Elba Sania | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) |
| 10-26-22 6 Contributor address City; State; Zip Code 607 W. Cunty Dallo 1 4x 75-208 | 100,00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | |
| chector of vine | at de Pauli |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| Jand Penez Aurley | 0 |
| (2) Contributor address; City; State; Zip Code | 55.00 |
| 10-26-2 Contributor address; City; State; Zip Code 10432 High Hollows Dy #141 | |
| Dalla to 75-230 | |
| paus y | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | uctions) |
| Finanul Senues Associat Freen | nan' |
| | The second secon |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 1/1/1 | |
| 12 Viraly Muney | 250.00 |
| w-24-22 Contributor address; City; State; Zip Code | 200. |
| 623 Haines Due | |
| Dalles, 1x 75208 | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | uctions |
| | |
| Keal estate Vitaly | Kunev |
| Date Full name of contributor Quit-of-state PAC (ID#) | |
| Vandella Menifee |) Amount of contribution (\$) |
| | ··· co |
| 10-24-22 Contributor address; City; State; Zip Code | 50- |
| 5431 Childress Vr. | |
| Grand traine. DE 75052 | 2 |
| 10-24-22 Contributor address; City; State; Zip Code 5431 Childress Dr. Example Prairie Type Principal occupation / Job title (See Instructions) Employer (See Instructions) | uctions) |
| Not Employed Not a | imployed |
| roi conpaged Not e | or but a |
| | |
| | |
| | |
| | |
| | |
| | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

| The Instruction Guide explains how to comple | ete this form. 1 Total pages Schedule A1: |
|---|--|
| Dr. Elba Garce | 3 Filer ID (Ethics Commission Filers) |
| | state PAC (ID#:) 7 Amount of contribution (\$) |
| 10-24-22 6 Contributor address; City; 4521 Bessie E | de State; Zip Code 10-00 |
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| Program Manager | First American |
| Date Full name of contributor out-of-s | Amount of contribution (\$) |
| 10.76.22 Contributor address; City; 6946 George | *************************************** |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Not Employed | Not Employed |
| Date Full name of contributor out-of-s Bob Barra | Amount of contribution (\$) |
| Contributor address; City; 12016 Shalimar Denton | State; Zip Code 50. 50. 50. 50. |
| Principal occupation / Job title (See Instructions) Usf Embloyed | Employer (See Instructions) Not employed |
| or Empagea | Not empayed |
| Date Full name of contributor out-of-s | state PAC (ID#:) Amount of contribution (\$) |
| 10-26-22 Contributor address; City | State; Zip Code 50 - 45 |
| Principal occupation / Job title (See Instructions) | × 75-060 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Program Manage | r. Irving ISD. |
| | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

| The | Instruction Guide explains how to complete this for | orm. | 1 Total pages Schedule A1: |
|------------------|---|-----------------------------------|---------------------------------------|
| 2 FILER NAME | Elba Gania | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (III | D#:) | 7 Amount of contribution (\$) |
| 10-24-22 | 6 Contributor address; City; 10442 Brockbank Dr | State; Zip Code | 50.00 |
| 8 Principal occu | pation / Job title (See Instructions) Price Munager. | Employer (See Instruction Trinity | ons) Trust Foundation |
| Date | Full name of contributor out-of-state PAC (III | D#:) | Amount of contribution (\$) |
| 10-26-22 | Contributor address: City; 4/27 Rainsong D | State; Zip Code | 50.00. |
| | ation / Job title (See Instructions) d DCCCD President | Employer (See Instruction Refered | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES OF | | |

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 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)

| ordan darar ayrıcın | The Instruction Guide explains how to o | omplete this form. | |
|---|--|-----------------------------------|--------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Dr. Elba Garia | 3 Filer ID (E | thics Commission Filers) |
| 4 Date 10 - 12 - 2022 | Beyond The Slogan | | |
| 6 Amount (\$) 10,000_ | 7 Payee address; 2710 Routh Creeck PA Suite 4120 | luny City; State Rahadson M | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Canvassing | , , , |
| | (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/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10-19-22 | Beyond The Slog | zan | |
| Amount (\$) 7,500. | Payee address; 2710 Routh Creeck Suite 4120 | Parkway State Ruchusdson | Zip Code 7 150 82 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Consulting Expense | Cunvassing | |
| | 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 10-23-22 | Ratino Communica | Lous Goesp. | |
| Amount (\$) /000 - 2 | Payee address; for Bux 4773 | City; State | 75-208 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Web Site Mi | d'intanauce |
| | 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER-NAME 3 Filer ID (Ethics Commission Filers) 10-26-22 Mail out printing **PURPOSE** drinting Expense **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 10-26-22 Amount (\$) State: Zip Code 7,068 76 Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10-26-22 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** Banking Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH