

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Skye T Garcia		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2901.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 838.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Skye Garcia, and my date of birth is April 4, 1996.

My address is 1350 N Greenville Ave 5202, Richardson, Texas, 75081, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 2 day of Oct, 2026.
(month) (year)

Skye Garcia
Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr Skye T
NICKNAME LAST SUFFIX
Garcia

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1350 N Greenville Ave 5202 Richardson TX 75081

Change of Address

OCT 2 '26 AM 11:48

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 608-8747

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr David
NICKNAME LAST SUFFIX
Garcia

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1811 N Greenville Ave 2202 Richardson Texas 75081

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 608-3540

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
7 / 1 / 26 THROUGH 9 / 26 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
Description
11 / 3 / 26 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Dallas County Clerk

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

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: 5	
2 FILER NAME Skye Garcia				3 Filer ID (Ethics Commission Filers)	
4 Date 7/8/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Judith Canion			7 Amount of contribution (\$) 20.00	
6 Contributor address; City; State; Zip Code 9715 Windham Dr. Dallas TX 75243					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 7/9/2026	Full name of contributor out-of-state PAC (ID#: _____) Pamela Prince			Amount of contribution (\$) 250.00	
Contributor address; City; State; Zip Code 2110 Holly Ridge Ct Cedar Hill TX 75104					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 7/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Mark Solomon, Sr.			Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 833 E Arapaho Rd 107 Richardson TX 75081					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 7/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Richardson Republican Women			Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code PO Box 831626 Richardson TX 75083					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Skye Garcia 1350 N Greenville Ave Richardson TX 75081 Benefit Analyst Extend Health LLC					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2165.00
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	\$ 2901.18
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: 5	
2 FILER NAME Skye Garcia				3 Filer ID (Ethics Commission Filers)	
4 Date 8/6/2026		5 Full name of contributor Judith Canion ☐ out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) 20.00	
		6 Contributor address; City; State; Zip Code 9715 Windham Dr. Dallas TX 75243			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 8/6/2026		Full name of contributor David Garcia ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) 30.00	
		Contributor address; City; State; Zip Code 1811 N Greenville Ave Richardson TX 75081			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/18/2026		Full name of contributor Brian Marks ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code 600 Newberry Dr Richardson TX 75080			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/24/2026		Full name of contributor David Garcia ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) 210.00	
		Contributor address; City; State; Zip Code 1811 N Greenville Ave Richardson TX 75081			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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: 5	
2 FILER NAME Skye Garcia				3 Filer ID (Ethics Commission Filers)	
4 Date 7/29/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rosalinda & Jose Garza			7 Amount of contribution (\$) 25.00	
6 Contributor address; 3034 Kingswood Dr		City; Garland	State; TX	Zip Code 75040	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 7/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vicki & Alan Griner			Amount of contribution (\$) 25.00	
Contributor address; 706 Meadowcreek Ct		City; Garland	State; TX	Zip Code 75043	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 7/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lisa & Lawrence Burke			Amount of contribution (\$) 20.00	
Contributor address; 430 Meadowcreek Ln		City; Garland	State; TX	Zip Code 75043	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 7/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) David Lawson			Amount of contribution (\$) 20.00	
Contributor address; 314 MeadowcreekLn		City; Garland	State; TX	Zip Code 75043	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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: 2		2 FILER NAME Skye Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 8/10/2026		5 Payee name Bonnie Abadie			
6 Amount (\$) 20.00		7 Payee address; 447 Sheffield Dr Check if individual's residence address.		City; Richardson	State; TX Zip Code 75081
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Flyers		
	(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 8/12/2026		Payee name YARD SIGN PLUS 877-958-1499			
Amount (\$) 1217.50		Payee address; 2801 Infinite Loop Check if individual's residence address.		City; Richmond	State; TX Zip Code 77469
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard Signs		
	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 8/17/2026		Payee name Tim McDonough			
Amount (\$) 26.03		Payee address; Check if individual's residence address.		City; Dallas	State; TX Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment and Related Expense		Description Purchase of a small electronic sign to use on the back of the car.		
	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

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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	2 FILER NAME Skye Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/2026	5 Payee name Frost Bank		
6 Amount (\$) 8.00	7 Payee address; Richardson	City; TX	State; 75081 Zip Code
☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Banking Account Fee
	(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 9/22/2026	Payee name FIRST GRAPHIC SERVICES 972-4946199		
Amount (\$) 1272.83	Payee address; 229 Garvon St	City; Garland	State; TX Zip Code 75040
☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Magnetic Car Sign
	☐ 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 9/22/2026	Payee name AMAZON MRKTPL		
Amount (\$) 356.82	Payee address; 440 Terry Ave N, Seattle, WA 98109	City; Seattle	State; WA Zip Code 98109
☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Posts and zip ties for large signs
	☐ 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			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Skye Garcia				3 Filer ID (Ethics Commission Filers)	
4 Date 8/26/2026		5 Full name of contributor Priscilla Shacklett ☐ out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) 50.00	
		6 Contributor address; City; State; Zip Code 4427 Rosser Sq Dallas TX 75244			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 9/9/2026		Full name of contributor Judith Canion ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) 20.00	
		Contributor address; City; State; Zip Code 9715 Windham Dr. Dallas TX 75243			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/21/2026		Full name of contributor David Garcia ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) 350.00	
		Contributor address; City; State; Zip Code 1811 N Greenville Ave Richardson TX 75081			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/23/2026		Full name of contributor Virginia Evans ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) 50.00	
		Contributor address; City; State; Zip Code 6208 Northwest Ct Mesquite TX 75150			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Skye Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PAC MANAGEMENT S ACH Paymen 248827 6 Contributor address; City; State; Zip Code TX	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		