CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT 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. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY OFFICEHOLDER NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE OFFICEHOLDER agnotion 6-200 (NO. 20.) MAILING 7-15-22A11:16 CEDL **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210) PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO CAMPAIGN STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) CAMPAIGN AREA CODE TREASURER PHONE (210)9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Runoff Other General Special OFFICE HELD (If any) 12 OFFICE 13 OFFICE SOUGHT (if known) 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME ED GARZA 20 Filer ID (Ethics	s Commission Filers)					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS	\$2,346.9					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,414,00					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	рн \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S,					

LOANS

SCHEDULE E

If the requested inf	ormation is not applica	ble, DO NO	T include this page in	the report.
The Inst	ruction Guide explains h	low to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME EO	GARZA	•		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	MIZED LOANS			\$ 2,344.98
5 Date of loan 7	Name of lender EowARO	Out-of-state	PACIDE_	9 Loan Amount (\$) 932,96
6 Is lender 8 a financial Institution?		City:	State; Zip Co	10 Interest rate
Y (1)	San	Anto	nio, Tx 7920	5-3-2025
12 Principal occupation /	ad title (See Instructions)		13 Employer (See Instruct	owers + Assoc.
14 Description of Collatera	1		Check if person account (See	nal funds were deposited into political nstructions)
16 GUARANTOR 17 INFORMATION	Name of guarantor			19 Amount Guaranteed (\$)
18	Guarantor address;	City;	State; Zip Co	de
20 Principal Occupation (See Instructions)		21 Employer (See Instruct	ons)
Date of loan & - 30 - 22	Name of lender	Out-of-state	PAC (ID#:	_, Loan Amount (\$) 1,414.02
Is lender a financial Institution?	Lender address;	City:	State; Zip Co	0
Y (10)	Sun	Anton	10 TX 7920	5-31 2025
Grandinal occupation /	taut		Employer (See Instruct	serd Asoc.
Description of Collateral			- 1	nal funds were deposited into political
GUARANTOR INFORMATION	Name of guarantor	*		Amount Guaranteed (\$)
not applicable	Guarantor address:	City;	State; Zip Co	de
Principal Occupation (S	ee Instructions)		Employer (See Instructi	ons)
If lender			ES OF THIS SCHEDULE A	S NEEDED nat reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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4 Date 1-10-22	5 Payee name Sabov	Cocina	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
91.14	4331 McC	allough SA-	T 78212
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Foon Expense	74	bell Appriation
	(c) Check if travel outside of Texas. Complete Scho	oduleT. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address;	City;	State; Zip Code
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28772000H20H7-N7	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	From toperse	Coll	ge Chats
	Check if travel outside of Texas. Complete Sche	dule 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	Payee name		1000
1-24 thru 6-24	LONE STAR NI	ATIONAL B	ANIC
Amount (\$)	Payee address;	City;	State; Zip Code
49.00	7954 Fredericks	hwy Rd SAT	78229
	Category (See Categories listed at the top of this sche	dule) Description	10.00
PURPOSE OF EXPENDITURE	Tees	Sen	rice Charge S
	Check if travel outside of Taxas. Complete Sche-	dule T Check if Austin	, TX, afficeholder living expense
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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SCHEDULE G

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4 Date 1-1-22	5 Payee nam	TTT						
6 Amount (\$)	7 Payee add	ress;			City;		State:	Zip Code
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8 PURPOSE	(a) Category	See Categories li	sted at the top of the	nis schedule)	(b) Description	1 -	- 1	
OF EXPENDITURE	OH	he O	1es hea	d	Pho	uel	Inter	rel
	(c) C	neck if travel outsid	e of Texas, Complete	e Schedule T.	Check if Aus	tin, TX, officeh	older living expe	nse
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1-8-22	Sec	IS1	and					
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OF EXPENDITURE	To	H) E	pere	e	Co	11-ge	Chat	
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SCHEDULE G

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

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4 Date	5 Payee name Class Ma Ari de	•	
6 Amount (\$) Refinbursement from political contributions intended	7 Payee address; 1900 Blanco Rd.	57AT 78	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE (c) Check if travel outside of Texas. Complete Schedule T.	Colle	e Chat TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-19-22	Grinaldis		
Amount (\$) Refindursement from political contributions intended	330 E. Basse	Rel SA	State: Zip Code T 78209
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Date 1-20-22	Payee name Manactas		
Amount (\$) 40.07 Rembursement from political contributions intended	8030 HO S	AT 782	State. Zip Code
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expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

		EXPEN	DITURE CAT	EGORIES F	OR BOX 8(a)			
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4 Date 1-25-22	5 Payee nam	<u>م</u> دی	Caban	on				
6 Amount (\$)	7 Payee add	ress;			City;		State;	Zip Code
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	(c) c	heck if travel outside	of Texas, Complete S	Schedule T.	Check if	Austin, TX, officeh	older living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officehold	der name	(Office sought		(Office held
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2-7-22	\mathcal{C}	nnic /	Uadri	ds				
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	EXPENDITURE	E CATEGORIES FOR BOX 8(a)	
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6 Amount (\$)	7 Payee address;	City;	State; Zip Code
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8	(a) Category (See Calegories listed at the t	top of this schedule) (b) Description	***********
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	Office sought	Office held
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3-9-22	MaMa :	S	
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SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

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

4 Date 4-H-72 5 Payee name 5 Payee address; 6 Amount (\$) 7 Payee address; 7 Payee address; 7 Payee address; 7 Payee address; 8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Calfy Chuts (c) Check if ravel outside of Taxas, Complete Schedule 7. Candidate / Office holder name Office sought Office sought Office held Payee name Chris Madrid's Payee name Chris Madrid's Payee address; City: State: Zip Code Cartificution for political contributions Intended Category (See Categories listed at the top of this schedule) Cartific Chuts Cartific Chuts Cartific Chuts Cartific Chuts Cartific Chuts Candidate / Office holder name Office sought Office held City: State: Zip Code Category (See Categories listed at the top of this schedule)				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

		EXPENDIT	JRE CATE	EGORIES	OR BOX 8(a)		Inches de la constant
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Ву	Event Expense Fees Focd/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction (s Expense	Office Ove Polling Exp Printing Ex Salaries/M		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule G:	2 FILER NAM	AE L				3 Eller ID (Ethio	Commission City
*	Bi 1 11-15-13 19730	FO	GA	RU	7	3 Filer ID (Ethic	s Commission Filers)
4 Date 4-17-22	5 Payee nam	1	una	- 1)			
6 Amount (\$) Reimbulisement from political contributions intended	7 Payee addi	ess;) in	gea	410 SA	State: 78;	Zip Code
8 PURPOSE OF EXPENDITURE	Foo	See Categories listed at	ense	2	(b) Description	e Chat	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder r	name	3	Office sought		Office held
Date 4-28-22	Payee nam	aco Co	ban	a			
Amount (\$)	Payee addr	ess;			City,	State:	Zip Code
Reimbursement from political contributions intended	431	5 NU	JC	goo	911	AT 78	229
DUDDOCE	Category (See Categories listed at	the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Foo	D EXPE	NSG		Coll	Se Cha	1
	CI	neck if travel outside of Tex	as. Complete S	chedule T.	Check if Austin	n. TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder r	ame		Office sought		Office held
Date	Pavee name	9					
5-1-22	A	TXT					
Amount (\$)	Payee addr	ess;			City;	State:	Zip Code
Reimbursement from political contributions intended	101	10 N.	St. 1	Mary	s SAT	7821	
	Category (See Categories tisted at	the top of this	schedule)	Description		

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

SCHEDULE G

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense P	rinting Expense Tra alaries/Wages/Contract Labor Ott	avel Out Of District her (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME EQ GARA	A 3 1	Filer ID (Ethics Commission Filers)		
4 Date 6-1-22	5 Payee name AT+T				
6 Amount (\$)	7 Payee address;	City;	State: Zip Code		
Reindursement from political contributions intended	1010 N. St. Ma	rys SAT 7	18215		
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	1		
OF EXPENDITURE	office Overbead	Phone	Phone (Intern		
	(c) Check if travel outside of Texas. Complete Schedul		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		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description			
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State: Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede	ne) Description			
- And the state of	Chack if travel outside of Texas, Complete Schedul	e T. Check if Austin, TX, o	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED			