SYLVIA
GARZA- PEREZ

SEMI-ANNUAL REPORT JULY 15, 2024

		CE REPORT			COVER	FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total page	s filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/ MRS / MR	IVIA FIRST		Mì	OFFI	CE USE ONLY
NAIVIE	NICKNAME ACI	ra Perez		SUFFIX	OEPARÎME	ERON COUNTY NT OF ELECTION RECOTTRATES
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO.BA	x; APT / SUITE #;	,	8526		1 2 2024 @ 2:50Pl
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 346-5367		TENSION	Date Walls delive	ered or Date Postmarked
6 CAMPAIGN TREASURER NAME	OS MPG/MR -	FIRST	••••	MI	Date Processed	Amount \$
	NICKNAME GA	willer		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S		CITY: 71.526.	STATE	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 465367		ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	treasure	y after campaign or appointment older Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Re	port (Attach C/OH - FR)
10 PERIOD COVERED	Month O/	Day Year / 01 / 2024	C THROUGH	Month OG	Day / 3.0 / 3.0	/ear
11 ELECTION	ELECTION DAY	I	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFF	FICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFF	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAND	IDATE'S OR OFFICEI	IOLDER'S KNOWLEDGE OR
OOMMIT FEE(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE		· c		
		COMMITTEE CAMPAIGN TR	LAGUNEK AUUKES			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER T JARANTEES OF LOANS, OR LECTRONICALLY)	THAN \$ A
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS LOANS, OR GUARANTEES OF LOA	(NS) \$ 570 ₋
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 78.
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY \$ 436.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS A TING PERIOD	
		Signature of	Candidate or Officeholder
	Please com	nplete either option bel	ow:
(1) Affidavit	•		DORISA HERNANDEZ NOTARY PUBLIC, STATE OF TEXAS MY COMM. EXP. 07/13/2026 NOTARY ID 13137672-2
NOTARY STAMP/SEAL	,,		
Sworn to and subscribed 20, to certify to	before me by Sylva Ger which, witness my hand and seal of office.	2a-Perez this to	the $\frac{37}{4}$ day of $\frac{547}{4}$.
Signature of officer administer	ing oath Printed name of c	officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	n		
My name is		, and my date of birth	ı is
My address is		······································	
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (mc	onth) (year)
		Signature of Car	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	ILER NAM	ΛΕ .	20 Filer ID (Ethics Co	mmis	sion Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	E
4.	SCHEDULE E: LOANS				<i>_</i>
5.	s	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	<i>6</i> .
6.	s	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7.	s	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	Ø
8.	s	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø
9.	s	CHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS	\$	B'
10.	s	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	Ø
11.	s	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	78.
12.	s	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	Ø
		TO FILER		<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	If the reques	sted information is not applica	able, DO NOT ir	iclude this page in the	report.
	The	Instruction Guide explains how	w to complete thi	s form.	1 Total pages Schedule A1:
2	FILER NAME	Sulvia tarra-Te	ercz		3 Filer ID (Ethics Commission Filers)
4 1	Date	5 Full name of contributor Rolando Casti	□ out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/	18/24	6 Contributor address; 8585 Horida Ave.	City; Odessa, TV	State; Zip Code	<i>†500.</i>
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
C	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Р	rincipal occup	vation / Job title (See Instructions)		Employer (See Instruct	tions)
E	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
P	rincipal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
L	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Р	rincipal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

		ATTACH ADDI	TIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
Sylvia tara-Peicz		3 Filer ID (Ethics Commission Filers)
Trans.	BUTIONS	s \$
6 Full name of contributor		B Amount of 9 In-kind contribution Contribution description
7 Contributor address; City; State;	Zip Code	
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Empl	l — (FOR NON-JUDICIAL)(See Instructions)
principal occupation (FOR JUDICIAL)	13 Conti	tributor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	15 Law 1	firm of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Full name of contributor	Zip Code	Amount of In-kind contribution description Contribution \$ In-kind contribution description Contribution \$ In-kind contribution description
upation / Job title (FOR NON-JUDICIAL)(See Instructions)	Emplo	loyer (FOR NON-JUDICIAL)(See Instructions)
principal occupation (FOR JUDICIAL)	Contr	tributor's job title (FOR JUDICIAL)(See Instructions)
employer/law firm (FOR JUDICIAL)	Law f	firm of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	F UNITEMIZED IN-KIND POLITICAL CONTRIL 6 Full name of contributor out-of-state PAC (ID#: 7 Contributor address; City; State; upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTION 6 Full name of contributor out-of-state PAC (ID#: 7 Contributor address; City; State; Zip Code upation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Emp principal occupation (FOR JUDICIAL) 13 Con employer/law firm (FOR JUDICIAL) 15 Law is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code upation / Job title (FOR NON-JUDICIAL) Emp principal occupation (FOR JUDICIAL) Con employer/law firm (FOR JUDICIAL) Law

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Th	ne Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	lule B:
2 FILER NAM	Ivia Garra-Riez		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL 6	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St	ate; Zip Code		
	-		Check if travel outs	 ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Si	ate; Zip Code		[
			Check if travel outs	. ide of Texas, Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
		<u> </u>		
14	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	roguiromento

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

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NC	OT include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Ewra-Revez	3 Filer ID (Ethics Commission Filers)	
J	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	L tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	•
	 on (See Instructions)	Employer (See Instructions)	
12.1	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	

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

Revised 1/1/2024

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 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 (anter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	By Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/V	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
·	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 ALAR NAME GUERA-PEREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Charles Carboning T		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austir	in, TX, officeholder living expense 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 Austir	n, TX, officeholder living expense
Complete ONLY 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	
ļan ļ	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Solicitation/FundralsIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica	
1 Total pages Schedule F2:	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
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/OF	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Sulvia Garra-Riez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	city; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Ci	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Po The Instructio	on Guide explains how to c			s/Wages/Contr USE A NEV			ry not fisted above)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	i Gavra-	Riez	•	3 FILE	R ID (Ethics	Commission Filers
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO A				\$		
5 CREDIT CARD ISSUER	Name of financial institu	ition					
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ture Charged	(c) Date(s) (Credit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche		(b) Descript	ion		
Political Non-Political	(c) Check if travel ou	tside of Texas. Complet	te Schedule T.		Check if Austin, TX, offi	ceholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendite	ure Charged	(c) Date(s) C	Credit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories ii	sted at the top of this sche	dule)	(b) Descripti	ion		
Political Non-Political	(c) Check if travel out	tside of Texas. Complet	re Schedule T.		Check if Austin, TX, offi	ceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Offi	ice Sought	weammanning and a second	Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) C	redit Card Issuer Paid		
PAYEE	(a) Payee name	A STATE OF THE STA	(b) Payee add	iress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ited at the top of this sched	iule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austin, TX, of	ficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	ıame	Offi	ce Sought		Office Held	
	ATTACH ADDIT	TONAL COPIES	S OF THIS	SCHEDU	F AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how to	es/Wages/ContractLabor o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER PAME MVIA GAVIA-PEVEZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u></u>	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE			
	(c) Check if travel outside of Texas, Complete Schedule T.		TX, officeholder living expense
9 Complete ONLY 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	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	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/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 schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Charle if Austin	TV (" .b.14 B.2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED .

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 H: 2 FILER N 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) 7 Business address; City; Zip Code State: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the lop of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	emplete this form.		
1 Total pages Schedule I:	2 FILERNAME.	3	3 Filer ID (Ethics Commission Filers)	
4 Date 01/10/24	5 Payee name LSNB	1		
6 Amount (\$)	7 Payee address;	City	State Zip Code	
13.00	P.O. BOX 1127	Phan,	Tx. 78577	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See insti	structions regarding type of information	
EXPENDITURE	Other	bank fees		
Date 02/09/24	Payee name LSNB			
Amount (\$)	Payee address;	City	State Zip Code	
13.00	P.O. BX 1127	Phair	N. 78677	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instr	tructions regarding type of information	
EXPENDITURE	Other	bank	Fees	
03/08/a4	Payee name LSNB			
Amount (\$)	Payee address;	City	State Zip Code	
13.00	P.O. Box 1127	Pharr,	Z. 78577	
PURPOSE OF	Category (See Instructions for examples of acceptable categories.)	required.)	ructions regarding type of information	
EXPENDITURE	Other	Buch	fees	
04/2/24	Payee name			
Amount (\$)	Payee address;	City	State Zip Code	
13.00	P.O. BR 1127	Phor ,	N. 78577	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instru	ructions regarding type of information	
EXPENDITURE	Other	bank	fees	
	ATTACH ADDITIONAL COPIES OF THIS :	SCHEDULE AS NEEDE	:n	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics Commission Filers				
4 Date 05/10/24	5 Payee name						
6 Amount (\$)	7 Payee address;	City	State Zip Code				
4/3.	P.O. BOX 1127	Phan)	TOK 18577				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instrequired.)	ructions regarding type of information				
OF EXPENDITURE	Olher	bank fees					
Date 06/14/24	Payee name						
Amount (\$)	Payee address;	City	State Zip Code				
9/3.	P. O. BOX 1127	Phan, 7	c. 78577				
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See insti	ructions regarding type of information				
EXPENDITURE	other	bruk fee	* \$				
Date	Payee name						
Amount (\$)	Payee address;	City	State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instr	ructions regarding type of information				
Date	Payee name						
Amount (\$)	Payee address;	City	State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instr	uctions regarding type of information				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	Sulvia Gara Pevez	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom amount is received	8 Amount (\$)			
	6 Address of person from whom amount is received; City; Stat	ate; Zip Code			
	7 Purpose for which amount is received Check if p	political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Stat	ate; Zip Code			
	Purpose for which amount is received Check if p	political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; State	te; Zip Code			
	Purpose for which amount is received Check if po	political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; State	te; Zip Code			
	Purpose for which amount is received Check if po	political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE T

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule C2 Schedule A2 Schedule B(J) Schedule D Schedule F1 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Name of person(s) traveling Dates of travel

Departure city or name of departure location

Destination city or name of destination location

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:								
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Name of persor	n(s) traveling						
	Departure city or name of departure location							
	Destination city	or name of destination	location					

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Means of transportation

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)