SYLVIA GARZA-PEREZ

SEMI-ANNUAL REPORT JANUARY 15, 2025

1		CEHOLDER CEREPORT			-	ORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages f	W. T.
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	E USE ONLY
NAME	NICKNAME	Gara-Pe) ***/	SUFFIX	DEPARTME	ERON COUNTY NT OF ELECTIONS & LREGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	,	CITY; O STA	,	11:35 am JAN	1 1 5 2025
Change of Address	1.0.BN.	4322, Bro. 0	ly. 1852	3		RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 3.	PHONE NUMBER	EXT	ENSION	Date Hand-deliver	
6 CAMPAIGN TREASURER	MS) MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME (LAST		SUFFIX	Date Processed Date Imaged	
	CTREET ADDRESS	MILE OUR	SWITE #:	OLTA (OTATE:	710.0000
7 CAMPAIGN TREASURER ADDRESS				CITY;	STATE;	ZIP CODE
(Residence or Business)	P.O.BIL	4322, Bro	.WL +8	525		
8 CAMPAIGN TREASURER PHONE	(956) 3	PHONE NUMBER 46-5367	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff		ufter campaign appointment er Only)
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	ır
	07	01/24	THROUGH	12/	31/2	4
11 ELECTION	ELECTION DA Month Day	TE Year Primary	Runoff	ELECTION TYPE Other Description		
		General General	Special			
12 OFFICE	OFFICE HELD (If any)	Bunty Cler	3	ICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLIT	DE WITHOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	s		
	I	GO ТО	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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1825.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6325.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1978. 48 \$ 3264.44 \$ 5020.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 3264.44
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 5020.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
	Musical Signature of Candida	ate of officeholder
	Please complete either option below:	
(1) Affidavit	DORISA HERNANDEZ NOTARY PUBLIC, STATE OF TEXAS MY COMM. EXP. 07/13/2026 NOTARY ID 13137672-2	
NOTARY STAMP/SEA		1. —
	before me by Sylvia Gara-Perez this the 11	day of <u>Yan was y</u> ,
20 25 , to certify	which, witness my hand and seal of office.	day of <u>Sanuary</u> ,
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on ·	
My name is	, and my date of birth is	
My address is		,
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethi	cs Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &
4. SCHEDULE E: LOANS	\$ \$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1285.96
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	юн \$ В
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 58.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Sylvia Garca-Bircz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full rame of contributor out-of-state PAC (ID#:) Spurza 5 Gavza 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
04/04/24	964 E. Los Elbanos Blvd. Bro. Tx. 78520	‡300. №
8 Plincipal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) John C. Reed Contributor address; City; State; Zip Code	Amount of contribution (\$)
09/17/24 Principal occup	700 Morclos Ave., Ranche Viejo, Tx 78575 Deation / Job title (See Instructions) Employer (See Instructions)	\$ 300.00 ions)
Date	Full name of contributor	Amount of contribution (\$)
09/17/24	777 E. Havinson St., Bro. Tx. 78520	\$300.**
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) GVACIAL LAW FIRM Contributor address; City; State; Zip Code	Amount of contribution (\$)
09/13/24	932 E. Van Buren St., Bro. Tx. 78520	\$300."
Рипсіраї осоць	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th			1 Total names Schedule A1:
	e Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
FILER NAME	office Garage Perer		3 Filer ID (Ethics Commission Filers)
Date (5 Full name of contributor Out-of-state PAC (ID)		7 Amount of contribution (\$)
1/12/24	6 Contributor address; City; 5 5707 Mystic PL Bro. 7	State; Zip Code 74. 78526	\$ 500.
Principal occi	upation / Job title (See Instructions) 9		ons)
Date	Full name of contributor out-of-state PAC (ID#	# :)	Amount of contribution (\$)
10/24	2045 Palm Blud. Bro. Tx.	State; Zip Code . 785-80	\$ 500.
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
16/24	Contributor address; City; SI 5455 Aragonuich Bw Tx	State; Zip Code 4. 78536	\$300.
²rincipat occuţ	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor Out-of-state PAC (ID#: Rodriguez Xuio Law Green Contributor address; City; St	itate; Zip Code	Amount of contribution (\$)
16/24	1324 E. Madison St. Bro. T.	V.78520	\$500
rincipal occup	i i	Employer (See Instructio	ns)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) B Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Amount of contribution (\$) Amount of contribution (\$) Contributor address; City: State: Zip Code P. O. BOX 17248 Austin TX 48160 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$)					
Application of the state of the	Т	he Instruction Guide explains how to	complete thi	is form.	1 Total pages Schedule A1:
State Stat	2 FILER NAM	I # " # "	Perez		3 Filer ID (Ethics Commission Filers)
Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDF: State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDF: State; Zip Code P. O. Box / 7248	4 Date	5 Full name of contributor American Aug 6 Contributor address;	Out-of-state PA	State; Zip Code	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	59/16/20	4 55 Galonsky St. E	5120. TY.	. 78521	£500.
Aluelando Conney Contributor address; City: State; Zip Code Aluelando Conney Contributor address; City: State; Zip Code Aluelando Contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code P.O. Box 17248 Kustin Th. 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Success Law Firm Contributor address; City: State; Zip Code Amount of contribution (\$) Amount of contribution (\$)	3 Principal od				ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code P. O. Box 17248 Kustin Tx 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Out-of-state PAC (ID#: State: Zip Code Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) And Amount of contribution (\$)	Date				Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code P. O. Box 17248 kustin Tx 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$)		Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	29/19/24				4 \$500.
Contributor address; City; State; Zip Code P. O. Box 17248 Kustin Tx 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Sueen Law Furn Contributor address; City; State; Zip Code 34. S. Connis St. Bro W. 78520 \$500.	Principal occ		and the second of the second o		
Contributor address; City; State; Zip Code P. O. Box 17248 Austin W 78760 \$580. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state PA(C (iD#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gout-of-state PAC (ID#:	39/19/24	r/ L	City;	State; Zip Code	\$ 500-
Speen Law Firm Contributor address; City; State; Zip Code 34. S. Corris St. Bro W. 78520 \$ 500.	Principal occ		WARRACK O. A. C.		ons)
19/25/24 34. S. Corris St. 1310 Tx. 78520 \$ 500.	Date		& e	3 (ID#:)	Amount of contribution (\$)
	9/25/24	Contributor address;	City;		\$ 500.
	Principal occi			T'	ons)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED		ΔΤΤΑΟΗ ΑΠΌΙΠΟΝ	MI COPIES C	THE THIS SCHEDING AS NO	EDED

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

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

		======	m the report.	
Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Scheo	Jule A2:
2 FILER NAT	ylvia Garza-Percz		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	.,	8 Amount of Contribution \$	9 In-kind contribution description
09/29/24	7 Contributor address; City; State; 28 Cela Ave. Bro TX 7	Zip Code 4520		Topal Poverify ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	F-GM NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
Date	Full name of contributor 🔲 out-of-state PAC (iD#:)	Amount of Contribution \$	i In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	, - de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code _ Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#: description Pledge \$ Pledgor address; State; Zip Code City; Check if travel outside of Texas, Complete Schedule T. 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.

LOANS

SCHEDULE E

If the requeste	ed information is not appli		- Instate the page in the re	
The	e Instruction Guide explain	s how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Elina Dan	a-Per	· ·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		ð	\$
5 Date of loan	7 Name of lender	out-of-state	te PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupati	ion / Job title (See Instruction	s)	13 Employer (See Instructions)	
14 Description of Col	lateral		Check if personal fun account (See Instruc	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
	tion (See Instructions)	.,,,,	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions	3)	Employer (See Instructions)	
Description of Colla	ateral		Check if personal fund account (See Instruct	ds were deposited into political tions)
	Name of guarantor			Amount Guaranteed (\$)
GUARANTOR INFORMATION	raine organiantor			
INFORMATION	Guarantor address;	City;	State; Zip Code	
INFORMATION not applicable		City;	State; Zip Code Employer (See Instructions)	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Ву	Evenl Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Dis	uipment & Related Expense
1		The Instruction Guide expla	ains how to co	implete this form.		
1 Total pages Schedule F1	2 FILER NA	Very Gara	Par		3 Filer ID (Eth	nics Commission Filers)
4 Date /0/7/24	5 Payee fam	ie .	meta	\	<u> </u>	
6 Amount (\$)	7 Payee add	ress;		City;	State;	Zip Code
\$ 250.			ø	Eramour	e ze.	
8	(a) Category	(See Categories listed at the top of th		(b) Description		
BUDDACE				,		
PURPOSE OF EXPENDITURE	eta	ier		table	GHTNOQ	rolip
		neck if travel outside of Texas, Complete	Schedule T.	,	n, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/O		e / Officeholder name		Office sought		Office held
Date	Payee name	9				
10/10/24	Camer	on County.	Den	. Party		
Amount (\$)	Payee addr			City;	State;	Zip Code
# 250.			130	i ennouell	. LY.	
11 1111	Category (s	ee Calegories listed at the top of this	schedule)	Description		ARTICLE IN THE STATE OF THE STA
PURPOSE OF EXPENDITURE	eti	ier		Nache 1	laul S	bonopsky
	Che	eck if travel outside of Texas. Complete S	Schedule T.		, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name	, , , , , , , , , , , , , , , , , , , ,	Office sought		Office held
Date	Payee name	3				
10/29/24	Sun	is Club				
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code
\$256.56	3570 h). Alton Gloor	- Bri	umile	ZX.	
	_	e Categories listed at the top of this s		Description		
1			1			
PURPOSE		_				
PURPOSE OF EXPENDITURE	FBO	d Benerage	Exp.	carpa	thes s	nake
OF	<u> </u>	d / Beverage ck if travel outside of Texas. Complete Sci	Eyp.		TX, officeholder living	nake g expense
OF	Che		Eyp.			g expense Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	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 (enter a category not listed above)
1 Total pages Schedule F1:	Sylua Game	- Peris	3 Filer ID (Ethics Commission Filers)
4 Date /8/24	5 Payedhame Ullmart	0	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
P238.58	2205 E. Rukn	Jones and	noulle H
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s		
EXPENDITURE	event expense		ddy Bear Project
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	AVAILA	ANALONI
12/8/24	Sami Clube		
Amount (\$)	Payee address;	City;	State; Zip Code
\$300.82	3570 W. alton /3	You Bro 7	½ .
SUPPOSE	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	event expense	PJSOT	Eddy Bear Project
	Check if travel outside of Texas. Complete School	edule 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		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this sche	edule) Description	
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·
	Check if travel outside of Texas, Complete Sche	dule 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 O	F THIS SCHEDULE AS NEED	DED

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 Event Expense Loan Repayment/Reimbursement Solicitation/FundralsIng Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Glft/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (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 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political **EXPENDITURE** Political Category (See Categories listed at the top of this schedule) Description **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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAME	Tyluia Sama-Pere	3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased	
i,	6 Address of person from whom investment is purchased;	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;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE 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 Salarias/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form.						or a category not listed above) DIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME White	Gans	Quy	,			s Commission Filers)
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO A	/ 2	0			\$	
5 CREDIT CARD ISSUER	Name of financial institu	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged:	(c) Date(s) Cred	dit Card Issue	ır Paid	
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City	/, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories II:	isted at the top of this sche	edule)	(b) Description			
Non-Political	(c) Check if travel out	tside of Texas. Complet	te Schedule T.		heck if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	fice Sought		Office Held	i i
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cred	it Card Issuer	r Paid	
PAYEE	(a) Payee name	+	(b) Payee add	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ited at the top of this sched	dule}	(b) Description			***************************************
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.		heck if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Offi	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issuer	Paid	
PAYEE	(a) Payee name		(b) Payee add	iress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	red at the top of this sched	lule)	(b) Description	777		
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.		Check if Austin	n, TX, officeholder livin	og expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Offic	ice Sought	***************************************	Office Held	
	ATTACH ADDITI	IONAL COPIES	OF THIS S	SCHEDULE A	AS NEEDE	■ D	

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials F Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Polit Credit Card Payment		s/Wages/Contract Labor o complete this form,	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
8 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, T	X, 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	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	eck 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, afficeholder 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 S	SCHEDULE AS NEEDED)	

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

SCHEDULE H

	EXPENDITURE (CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poliling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	
1 Total pages Schedule H:	2 FILER NAME	A.	3 Filer ID (Ethics Commission Filers)
- Foldy pages confidence 11.	Tylun.	Bruge-Vere	3 Filer 1D (Ethics Commission Filers)
4 Date	5 Business name	0)
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
	(c) Check if travel outside of Texas, Com	nplete Schedule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	of this schedule) Description	
	Check if travel outside of Texas. Comp	plete Schedule T. Check if Aust	itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	of this schedule) Description	
	Check if travel outside of Texas. Comp	plete Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:		3 Filer ID (Ethics Commission File	ers)			
4 Date	5 Payee pane Sone Star Nation el L	2				
87/10/24	Kone Star Nation el A	Buk				
6 Amount (\$)	7 Payee address;	City State Zip Code				
758.00	P.O. Bx 1127 Phan	1 7. 78577				
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Fees	Bank fees				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages S	chedule K:	
2 FILER NAME	Sylvin Gruz - Pares	3 Filer ID (E	thics 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;	State; Zip Code	•••	
	7 Purpose for which amount is received	Check if political contributi	ion returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code		
	Purpose for which amount is received	Check if political contribution	on returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code		
	Purpose for which amount is received	Check if political contribution	on returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code	•	
	Purpose for which amount is received	Check if political contribution	on returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T

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 / Rayee 5 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 6 Dates of travel 7 Name of person(s) traveling 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 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 person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation 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 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 person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED