

DAVID GARZA

**SEMI-ANNUAL
REPORT
JANUARY 18, 2022**

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: <u>18</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>David</u>	MI
	NICKNAME	LAST <u>Garza</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<u>190 Lakeview N. San Benito, TX 78586</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(956)</u>	<u>276-4406</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Romeo</u>	MI
	NICKNAME	LAST <u>Garza</u>	SUFFIX <u>Jr.</u>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	<u>160 E. Robertson San Benito, TX 78586</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(956)</u>	<u>399-1292</u>	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<u>07</u>	<u>01</u>	<u>2021</u>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<u>03</u>	<u>01</u>	<u>2022</u>
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		<u>Justice of the Peace 3.2</u>	<u>Justice of the Peace 3.2</u>
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

10657
a.m

OFFICE USE ONLY

Date Received
CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JAN 13 2022

RECEIVED

Date Hand-Delivered or Date Postmarked:
By: [Signature]

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

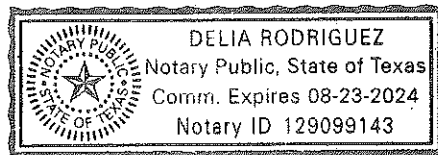
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS; OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7322.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6240.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3770.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1350.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Garza this the 13th day of January, 2022, to certify which, witness my hand and seal of office.
Delia Rodriguez Signature of officer administering oath
Delia Rodriguez Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____, 20_____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

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 David Garza		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ofelia Painter	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2821 Clifford St Hqn TX 78550		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 7/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Salazar III	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 611 E Loop 499 Hqn. TX 78550		
Principal occupation / Job title (See Instructions) Insurance Agent.		Employer (See Instructions)
Date 8/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetal Sukhdey Bhakta	Amount of contribution (\$) \$151.00
Contributor address; City; State; Zip Code 175 W. Exp. 83 San Benito TX 78586		
Principal occupation / Job title (See Instructions) Hotel Owner		Employer (See Instructions)
Date 8/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Air Heating & Cooling	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 1703 San Benito TX 78586		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self-employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6951.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 371.49
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 1350.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4433.32
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 442.15
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1364.74
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> 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 David Garza		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert M. Vega	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code P.O. Box 142 San Benito TX 78584		
8 Principal occupation / Job title (See Instructions) Funeral Home Director		9 Employer (See Instructions)
Date 8/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro Gonzalez Jr.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2690 N Sam Houston San Benito TX 78584		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 9/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishna Laxmi LLC.	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2547 W. Bus 77 Bldg G San Benito TX 78586		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
Date 9/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arun Bhakta	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4401 S. Exp. 83 Harlingen TX 78586		
Principal occupation / Job title (See Instructions) Entrepreneur		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 David Garza		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Ann & Joe L. Morales	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 789 Comfort Lane San Benito TX 78586		
8 Principal occupation / Job title (See Instructions) Entrepreneur		9 Employer (See Instructions)
Date 10/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago Jimmy Sanchez	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 24385 W. U.S. Hwy 281 San Benito TX 78586		
Principal occupation / Job title (See Instructions) Implement Manager		Employer (See Instructions)
Date 10/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frutoso Gomez Jr.	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 28181 Kornegay Rd San Benito TX 78586		
Principal occupation / Job title (See Instructions) Retired.		Employer (See Instructions)
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuadalupe + Dora Noriega	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 33419 Fm 732 San Benito TX 78586		
Principal occupation / Job title (See Instructions) Retired / Retired.		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 David Garza		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz Law Firm PLLC	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 201 S. Sam Houston Blvd San Benito TX 78584		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-employed
Date 12/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Antonio Guerra	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 105 Dominion Dr Harlingen TX 78550		
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions)
Date 12/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Murry^{Thompson} & Susan Rathiff Thompson	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code P.O. Box 632 San Benito TX 78586		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike & Ann McLelland	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code P.O. Box 2728 Harlingen TX 78550		
Principal occupation / Job title (See Instructions) Retired		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: <i>6</i>
2 FILER NAME <i>David Carza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Romeo Carza Sr.</i>	7 Amount of contribution (\$) <i>\$2,000.00</i>
6 Contributor address; City; State; Zip Code <i>101 Resaca Shores San Benito TX 78586</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <i>1</i>	
2 FILER NAME <i>David Garza</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8/2/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Garza</i>	8 Amount of Contribution \$ <i>371.49</i>	9 In-kind contribution description <i>CAPS</i>
7 Contributor address; City; State; Zip Code <i>160 E. Robertson San Benito TX 78586</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Self-employed.</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> 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 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 E: 1
2 FILER NAME David Garza		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1350.00
5 Date of loan 7/23/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) David Garza	9 Loan Amount (\$) \$700.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 190 Lakeview N San Benito, TX 78584	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 9/29/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) David Garza	Loan Amount (\$) \$650.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 190 Lakeview N San Benito TX 78584	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME: A	3 Filer ID (Ethics Commission Filers)
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4 Date: 7/23	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 7/23	Payee name: Chuy's Custom Sports
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Amount (\$): 422.44	Payee address; City; State; Zip Code: 1975 US-77 Bus San Benito TX 78584
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description: Bumper Stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 8/14/21	Payee name: Valley Morning Star
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Amount (\$): 195.00	Payee address; City; State; Zip Code: 1311 S. Commerce Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): advertising	Description: ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME David Garza	3 Filer ID (Ethics Commission Filers)
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4 Date 8/16/21	5 Payee name Narda Garza
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6 Amount (\$) \$600.00	7 Payee address; 247 N. Sam Houston	City; San Benito	State; TX	Zip Code 78584
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description T-Shirts.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/27/21	Payee name M-5 Designs
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Amount (\$) \$195.00	Payee address; 1405 S. Palm Court Dr	City; Harlingen	State; TX	Zip Code 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30	Payee name M-5 Designs
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Amount (\$) \$324.75	Payee address; 1405 S. Palm Court Dr.	City; Harlingen	State; TX	Zip Code 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Signs.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4</i>	2 FILER NAME <i>David Garza</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/10/21</i>	5 Payee name <i>San Benito News</i>	
6 Amount (\$) <i>\$60.00</i>	7 Payee address; City; State; Zip Code <i>2480 W. US Hwy 77 Bus # 7 San Benito, TX 78586</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>ad.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/16/21</i>	Payee name <i>M-5 Designs</i>	
Amount (\$) <i>\$194.85</i>	Payee address; City; State; Zip Code <i>1405 S. Palm Court Dr Harlingen TX 78553</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/27/21</i>	Payee name <i>Naida Garza</i>	
Amount (\$) <i>\$550.00</i>	Payee address; City; State; Zip Code <i>247 N. Sam Houston San Benito TX 78586</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>T-shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date: 9/24/21	5 Payee name: M-5 Designs
6 Amount (\$): \$1,134.63	7 Payee address; 1405 S. Palm Court Dr Harlingen TX 78552.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description: Signs.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date: 10/19/21	Payee name: M-5 Designs
Amount (\$): \$454.65	Payee address; 1405 S. Palm Court Dr Harlingen TX 78584.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description: Signs.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date: 11/3/21	Payee name: Carza Furniture
Amount (\$): \$100.00	Payee address; 160 E. Robertson San Benito, TX 78584.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description: ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>David Garza</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/13/21</u>	5 Payee name <u>Amazon</u>	
6 Amount (\$) <u>259.74</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>on-line</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description <u>Flags.</u>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <u>11/1/21</u>	Payee name <u>Naida Garza</u>	
Amount (\$) <u>\$105.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>947 N. Sam Houston San Benito, TX 78586</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <u>12/8/21</u>	Payee name <u>Cameron County Democratic Party</u>	
Amount (\$) <u>\$1000.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>P.O Box 533909 Harlingen, TX 78553</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <u>Filing Fee</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: <i>1</i>	2 FILER NAME <i>David Garza</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>149.04</i>
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5 Date <i>12/17</i>	6 Payee name <i>Discover</i>
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7 Amount (\$) <i>\$149.04</i>	8 Payee address; <i>P.O. Box 29013</i>	City; <i>Phoenix</i>	State; <i>AZ</i>	Zip Code <i>85038-9013</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>For Signs.</i>	(b) Description <i>T- Posts.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/20/21</i>	Payee name <i>Discover</i>
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Amount (\$) <i>293.09</i>	Payee address; <i>P.O. Box 29013</i>	City; <i>Phoenix, AZ</i>	State; <i>AZ</i>	Zip Code <i>85038-9013</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertisins</i>	Description <i>Pocket card holder</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder