

**SYLVIA**

**GARZA-PEREZ**

**AMENDMENT  
FOR  
JANUARY 15  
REPORT**

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

|  |  |   |  |   |  |     |      |
|--|--|---|--|---|--|-----|------|
| <b>1</b> Filer ID (Ethics Commission Filers) |  | <b>2</b> Total pages filed: <u>4</u>              |  | <b>OFFICE USE ONLY</b>  |  |     |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME       | MS / MRS / MR                                  | FIRST   | MI   | Date Received   | CAMERON COUNTY<br>DEPARTMENT OF ELECTIONS &<br>VOTER REGISTRATION<br><br><u>5:00 PM</u><br>OCT 19 2022 |     |      |
|  | NICKNAME                                       | LAST  | SUFFIX   | Date Hand-delivered or Date Postmarked  |  |     |      |
|  |  |   |  | RECEIVED  |  |     |      |
| <b>4</b> ORIGINAL REPORT TYPE                | <input checked="" type="checkbox"/> January 15 |   | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> Final report   | Receipt # <u>Quinn</u>   |     |      |
|  | <input type="checkbox"/> July 15               |   | <input type="checkbox"/> Exceeded modified reporting limit | Other (specify)   |  |     |      |
|  |  | <input type="checkbox"/> 30th day before election |  | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | Date Processed   |     |      |
|  |  | <input type="checkbox"/> 8th day before election  |  |   | Date Imaged  |     |      |
| <b>5</b> ORIGINAL PERIOD COVERED             |  | Month   | Day  | Year  | Month  | Day | Year |
|  |  | <u>07/01/2021</u> THROUGH                         |  | <u>12/31/21</u>   |  |     |      |

**6 EXPLANATION OF CORRECTION**

Submitted incorrect donor name

**7 SIGNATURE** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Sylvia Garcia*  
Signature of Candidate/Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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

OR

**(2) Unsworn Declaration**

My name is Sylvia Garcia Perez, and my date of birth is 05/09/62.

My address is P.O. Box 4322, Bco TX, 78523, USA.

Executed in Cameron County, State of Texas, on the 14 day of October, 2022.

*Sylvia Garcia*  
Signature of Candidate/Officeholder (Declarant)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filter ID (Ethics Commission Filers)

2 Total pages filed: *3*

*SJP*

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

07/19/2022

RECEIVED 5 PM

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
*Sylvia*  
NICKNAME LAST SUFFIX  
*Garcia-Perez*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*P.O. Box 4322 Bro. Tx. 78523*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(956) 346-5367*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
*Sylvia*  
NICKNAME LAST SUFFIX  
*Garcia-Perez*

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*P.O. Box 4322 Bro. Tx. 78523*

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(956) 346-5367*

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year Month Day Year  
*07 / 01 / 2021 THROUGH 12 / 31 / 21*

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)  
*County Clerk*

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

Additional Pages

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Sylvia Garcia Perez 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) | \$ 1,185.    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 25,525.   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 4,110.61  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 14,707.31 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 13,073.09 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0         |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sylvia Garcia Perez  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

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

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

OR

**(2) Unsworn Declaration**

My name is Sylvia Garcia Perez, and my date of birth is 05/09/62

My address is P.O. Box 4322 Bnd TX 78523, \_\_\_\_\_, \_\_\_\_\_, USA

Executed in Cameron County, State of Texas, on the 19 day of Oct., 20 22

Sylvia Garcia Perez  
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: *1 of 2*

2 FILER NAME

*Sylvia Ganga Ponce*

3 Filer ID (Ethics Commission Filers)

4 Date

*09/16/21*

5 Full name of contributor

*Linebarger*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$500.00*

6 Contributor address;

City;

State;

Zip Code

*P.O. Box 17428 Austin TX 78760*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*09/15/21*

Full name of contributor

*Esparza + Garza LLC*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$350.00*

Contributor address;

City;

State;

Zip Code

*964 E. Los Ebanos Blvd. Bro. TX 78520*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*09/16/21*

Full name of contributor

*Ray Thomas Atty. at Law*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$1000.*

Contributor address;

City;

State;

Zip Code

*4900 N. 10th St. #B McAllen TX 78504*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*CORRECTION*

Date

*9/16/21*

Full name of contributor

*American Divisions, LLC*  
*American Surveillance*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$1000.*

Contributor address;

City;

State;

Zip Code

*55 Galonsky St Bro TX 78521*

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.