

MRS.
SYLVIA
GARZA
PEREZ

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: *Pages 36*

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *Sylvia Garza-Pérez* FIRST MI
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JUL 13 2016

RECEIVED

3:03 pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

42 Meadow Glenn Dr., Bo. Tx. 78521

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 3465367

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *Rudy Perez, Jr.* FIRST MI
NICKNAME LAST SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

42 Meadow Glenn Dr., Bro. Tx. 78521

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 346-0509

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

01/01/2016 THROUGH *06/30/2016*

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

- Primary Runoff Other Description
- General Special

12 OFFICE

OFFICE HELD (if any)

County clerk

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sylvia Garza-Perez 15 Filer ID (Ethics Commission Filers)

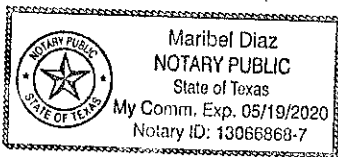
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,562.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,557.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,313.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,895.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,500.

18 AFFIDAVIT



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 Garza-Perez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sylvia Garza Perez, this the 13 day of July, 2016, to certify which, witness my hand and seal of office.

Maribel Diaz Signature of officer administering oath
Notary Public / Maribel Diaz Printed name of officer administering oath
 Title of officer administering oath

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	\$ 9,310
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,695
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 13,500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,307.49
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6.00
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1-A1
2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF LARRY WARNER 6 Contributor address; City; State; Zip Code 3109 Banyon Dr., Harlingen, TX. 78550	7 Amount of contribution (\$) \$200.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe G. Rivera Contributor address; City; State; Zip Code P.O. Box 5868, Brownsville, TX 78523	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALE A. NIXON Contributor address; City; State; Zip Code P.O. Box 4589, McAllen TX 78502	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Green Law Firm Contributor address; City; State; Zip Code 34 S. Corria St., Bro., Tx. 78520	Amount of contribution (\$) \$500.
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2-A1
2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/23/2016</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law office of Gilberto Hinojosa</i> 6 Contributor address; City; State; Zip Code <i>622 E. St. Charles, Bro., Tx. 78520</i>	7 Amount of contribution (\$) \$500.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>02/18/2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben S. Garcia, Jr.</i> Contributor address; City; State; Zip Code <i>78521</i> <i>434 Paredes Line Rd. S.B. Bro., Tx.</i>	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>02/26/2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>International Transport Logistics</i> Contributor address; City; State; Zip Code <i>1605 Military Rd. Brownsville Tx. 78520</i>	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>03/03/2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodriguez Lucio Law Group</i> Contributor address; City; State; Zip Code <i>946 E. Van Buren, Bro. Tx. 78520</i>	Amount of contribution (\$) \$1000.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3-A1
2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino and Badden 6 Contributor address; City; State; Zip Code 805 Media Luna Ste. 300, Bro. Tx. 78520	7 Amount of contribution (\$) \$1000.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M.J. Screen Printing Contributor address; City; State; Zip Code 250. S. Williams Rd., San Benito, Tx.	Amount of contribution (\$) \$60.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/4/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabian Limas Jr. Contributor address; City; State; Zip Code 1728 Boca Chica Blvd., Bro., TX. 78520	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana I. Ruiz Contributor address; City; State; Zip Code 847 E. Harrison St., Bro., Tx. 78520	Amount of contribution (\$) \$60.
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4-A1
2 FILER NAME Sylvia Garza-Pérez		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Bence	7 Amount of contribution (\$) \$ 500.
6 Contributor address; City; State; Zip Code 1018 E. Tyler, Harlingen, TX. 78550		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-Fast Bail Bonds	Amount of contribution (\$) \$ 250.
Contributor address; City; State; Zip Code 1709 N. Frontage Rd. Brownsville, TX. 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynaldo G. Garza, Atty. at Law	Amount of contribution (\$) \$ 250.
Contributor address; City; State; Zip Code 680 E. St. Charles St 600, Bro. TX. 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevy's Custom Sports	Amount of contribution (\$) \$ 150.
Contributor address; City; State; Zip Code 160. E. Stenger St. San Benito, TX 78586		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5-A1
2 FILER NAME Sylvia Garza-Pérez		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene E. De Coss	7 Amount of contribution (\$) \$250.
6 Contributor address; City; State; Zip Code 78575 104 Plantation Dr., Rancho Viejo, Tx.		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Gloria M. Rincones	Amount of contribution (\$) \$150.
Contributor address; City; State; Zip Code 1040 S. Frontage Rd. Bro. Tx. 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise G. Chavez	Amount of contribution (\$) \$60.
Contributor address; City; State; Zip Code 7248 Mulberry St., Bro. Tx. 78526		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Trejo	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code P.O. Box 2685 Harlingen, Tx. 78551		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6-A1
2 FILER NAME Sylvia Garza-Pérez		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nemecio Lopez 6 Contributor address; City; State; Zip Code 2305 Hacienda Rd. Harlingen Tx 78552	7 Amount of contribution (\$) \$120.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie C. Martin Contributor address; City; State; Zip Code 1408 Palm Valley Dr. Har	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Cantu Contributor address; City; State; Zip Code 401 Boca Chica #109, Bro. TX. 78520.	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul L. Tourt. Contributor address; City; State; Zip Code 1000 E. Van Buren, Bro., Tx. 78520	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7-A1
2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaylock Law Firm	7 Amount of contribution (\$) \$250.
6 Contributor address; City; State; Zip Code 422 E. Harrison Ave. Harlingen TX 78550		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene O. Oliveira	Amount of contribution (\$) \$1000.
Contributor address; City; State; Zip Code 855 W. Price Rd. Ste. 22, Bro. TX. 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard J.W. Nuñez	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code 144 E. Price Rd. Bro. TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciano Rosenbaum	Amount of contribution (\$) \$150.
Contributor address; City; State; Zip Code 8620 S. Dakota, Bro. TX. 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8-A1
2 FILER NAME Sylvia Garza Pérez		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Herrera Law Office 6 Contributor address; City; State; Zip Code 37 W. Elizabeth St. Bro. Tx 78520	7 Amount of contribution (\$) \$250.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heles Used Auto Parts Contributor address; City; State; Zip Code 6925 Padre Island Hwy. Bro. Tx. 78521	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 77 Flea Market Contributor address; City; State; Zip Code 5965 N. Expressway 77, Bro. Tx. 78520	Amount of contribution (\$) \$160.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber L. Medina Contributor address; City; State; Zip Code 1634 Westminster, Bro Tx 78521	Amount of contribution (\$) \$150.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9-A1
2 FILER NAME Sylvia Garza Perez		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan T. Mendez	7 Amount of contribution (\$) \$250.
6 Contributor address; City; State; Zip Code 611 W. Levee, Bro. TX. 78520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1-A2**

2 FILER NAME **Sylvia Garza-Pérez**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor out-of-state PAC (ID#: _____)

8 Amount of Contribution \$

9 In-kind contribution description

03/05/16

Jorge Pedraza
7 Contributor address; City; State; Zip Code

\$500.

auction items

44 East Dr., Bro. Tx. 78520

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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 out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

03/05/16

Mariana Gomez
Contributor address; City; State; Zip Code

\$150.

auction items

2829 Madrid Ave. Bro. Tx. 78520

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

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2-A2	
2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/05/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma Leal Andrade	8 Amount of Contribution \$ \$250.	9 In-kind contribution description auction items
7 Contributor address; City; State; Zip Code 1040 E. 7th St. Bro. Tx. 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 03/05/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isabel Garcia-Munoz	Amount of Contribution \$ \$250.	In-kind contribution description auction items
Contributor address; City; State; Zip Code		<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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3-A2	
2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/05/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mateo Salas	8 Amount of Contribution \$ \$75.	9 In-kind contribution description auction item
7 Contributor address; City; State; Zip Code 3451 Pablo Kisel, Bro. TX. 78526		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 03/05/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corina Murrillo	Amount of Contribution \$ \$100.	In-kind contribution description auction item
Contributor address; City; State; Zip Code 3451 Pablo Kisel, Bro. TX. 78526		<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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4-A2	
2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/05/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Citlali Gonzalez	8 Amount of Contribution \$ \$150.	9 In-kind contribution description auction items
7 Contributor address; City; State; Zip Code 2619 Gregory Ave. Bro. TX 78521		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 03/05/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debi C. Maqueda	Amount of Contribution \$ \$500.	In-kind contribution description auction item
Contributor address; City; State; Zip Code 3300 San Nicolas, Mission, Tx. 78573		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5-A2	
2 FILER NAME Sylvia Garza-Pérez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/05/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glam Tops	8 Amount of Contribution \$ \$60.	9 In-kind contribution description auction items
7 Contributor address; City; State; Zip Code 3073 Chadwick Place, Bro. Tx. 78521		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 03/05/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes Milam	Amount of Contribution \$ \$500.00	In-kind contribution description auction items
Contributor address; City; State; Zip Code 521 Parker Oaks Lane, Weatherford, TX.		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **6-A2**

2 FILER NAME **Sylvia Garza-Perez**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date **03/05/16**

6 Full name of contributor out-of-state PAC (ID#: _____)
Evangelina Lopez
 7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$ **\$150.** 9 In-kind contribution description **auction items**
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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 out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code

Amount of Contribution \$ In-kind contribution description
 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME Sylvia Garza-Pérez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date
6 Full name of pledgor out-of-state PAC (ID#: _____)
7 Pledgor address; City; State; Zip Code

8 Amount of Pledge \$
9 In-kind contribution description
 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 out-of-state PAC (ID#: _____)
Pledgor address; City; State; Zip Code

Amount of Pledge \$
In-kind contribution description
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
Full name of pledgor out-of-state PAC (ID#: _____)
Pledgor address; City; State; Zip Code

Amount of Pledge \$
In-kind contribution description
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
Full name of pledgor out-of-state PAC (ID#: _____)
Pledgor address; City; State; Zip Code

Amount of Pledge \$
In-kind contribution description
 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Sylvia Garza-Perez</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>03/27/2014</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rudy Perez, Jr.</u>	9 Loan Amount (\$) <u>\$13,500.</u>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <u>42 Meadow Glen Dr. Bro. TX. 78521</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>n/a</u>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1-F1		2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 02/11/2016		5 Payee name Los Lyricos			
6 Amount (\$) \$100.		7 Payee address; City; State; Zip Code 556 W. Elizabeth St. #8, Bro. TX. 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pre-valentine dance.		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 02/21/2016		Payee name Brownsville Pan-American Golf Association			
Amount (\$) \$250.		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense golf tournament + box ad.		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 03/04/2016		Payee name The Grafik Spot			
Amount (\$) 63.04		Payee address; City; State; Zip Code 74 S. Price Rd. Ste. #2, Bro. TX. 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print cost of sponsor signage		
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2-F1</i>	2 FILER NAME <i>Sylvia Garza-Perez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>03/05/2016</i>	5 Payee name <i>Omar Leal/Casino Travelers</i>
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6 Amount (\$) <i>\$345.</i>	7 Payee address; City; State; Zip Code <i>3352 Obsidean Dr., Bro., TX. 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Casino Night tables/dealers</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03/04/2016</i>	Payee name <i>Galaxy Bowling</i>
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Amount (\$) <i>\$90.30</i>	Payee address; City; State; Zip Code <i>3451 Pablo Kisel, Bro. TX. 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Dinner for the set-up crew</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03/05/2016</i>	Payee name <i>Galaxy Bowling</i>
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Amount (\$) <i>\$1240.63</i>	Payee address; City; State; Zip Code <i>3451 Pablo Kisel Blvd., Bro. TX. 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Casino Night food</i>
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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

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: 3-F1		2 FILER NAME Sylvia Garza-Pérez		3 Filer ID (Ethics Commission Filers)	
4 Date 03/05/2016		5 Payee name Galaxy Bowling Center			
6 Amount (\$) \$551.25		7 Payee address; City; State; Zip Code 3451 Pablo Kisel Blvd. Bro. TX. 78526			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Casino Night beverage expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

Date 03/18/2016		Payee name Dollar Tree			
Amount (\$) \$187.27		Payee address; City; State; Zip Code 2400 Boca Chica Blvd. Bro. TX. 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Easter Baskets Giveaways		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

Date 03/26/2016		Payee name Cameron County Children's Advocacy Centers.			
Amount (\$) \$175.		Payee address; City; State; Zip Code 1390 W. Expressway 83, San Benito, TX. 78586.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bowling team sponsorship		
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 F1	2 FILER NAME Sylvia Garza-Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 04/05/2016	5 Payee name Braulio Barrera/Vista Mobile Advertising
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6 Amount (\$) \$160.	7 Payee address; City; State; Zip Code 30 Providencia Ct. Suite 5-D, Bro. TX. 78526.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signage ad
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/2016	Payee name San Pedro Catholic Church
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Amount (\$) \$250.	Payee address; City; State; Zip Code 7602 Old Military Rd. Bro. TX. 78520.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship ad
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/16/2016	Payee name City of Palm Valley 5K Fun Run /walk
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Amount (\$) \$155.	Payee address; City; State; Zip Code 1313 Stuart Place Rd., Palm Valley, TX. 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense registration for 18 runner
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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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 5-F1	2 FILER NAME Sylvia Garza-Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 04/24/2016	5 Payee name Abel Gomez
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6 Amount (\$) \$150.	7 Payee address; City; State; Zip Code 6595 Paredes Line Rd., Bro. TX. 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 25 BBQ tickets
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/2016	Payee name Brownsville Community Health Clinic
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Amount (\$) \$200.	Payee address; City; State; Zip Code 191 E. Price Rd., Bro. TX. 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deuces Wild sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/2016	Payee name Los Hermanos Longoria
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Amount (\$) \$150.	Payee address; City; State; Zip Code 556 W. Elizabeth St. Bro TX. 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pre-Mother's Day Dance
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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

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: 6-F1	2 FILER NAME Sylvia Garza-Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 6/24/2016	5 Payee name Abelardo Gomez Fishing Tournament
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6 Amount (\$) \$250.	7 Payee address; City; State; Zip Code 6595 Paredes Line Rd. Bro. Tx. 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tournament Sponsor
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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
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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <u>1</u>	2 FILER NAME <u>Sylvia Garza-Perez</u>	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 EXPENDITURE

Political Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME

Sylvia Garza-Pérez

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; 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 SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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: <u>1</u>	2 FILER NAME <u>Sylvia Garza Pérez</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$

5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
		<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
---	-------------------------------	---------------	-------------

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Sylvia Garza-Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) 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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		(b) Description
			<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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		(b) Description
			<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

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME Sylvia Garza Pérez	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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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
-------------------------------	--	---

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1-I		2 FILER NAME Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 01/08/2016		5 Payee name Lone Star National Bank			
6 Amount (\$) \$1.		7 Payee address; City; State; Zip Code 2100 Boca Chica Blvd. Bro. Tx. 78521			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) Fees		(b) Description (See instructions regarding type of information required.) bank fee charge	
Date 02/10/16		Payee name Lone Star National Bank			
Amount (\$) \$1.		Payee address; City; State; Zip Code 2100 Boca Chica Blvd. Bro. TX. 78521			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fees		Description (See instructions regarding type of information required.) bank fee charge	
Date 03/10/16		Payee name Lone Star National Bank			
Amount (\$) \$1.		Payee address; City; State; Zip Code 2100 Boca Chica Blvd. Bro. TX. 78521			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fees		Description (See instructions regarding type of information required.) bank fee charge	
Date 04/08/2016		Payee name Lone Star National Bank			
Amount (\$) \$1.		Payee address; City; State; Zip Code 2100 Boca Chica Blvd. Bro. Tx. 78521			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fees		Description (See instructions regarding type of information required.) bank fee charges.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
2-I		Sylvia Garcia-Perez			
4 Date		5 Payee name			
5/10/16		Lone Star National Bank			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
\$1.		2100 Boca Chica Blvd. Bro. Tx. 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
		Fees		bank fee charge	
Date		Payee name			
6/10/16		Lone Star National Bank			
Amount (\$)		Payee address; City; State; Zip Code			
\$1.		2100 Boca Chica Blvd. Bro. Tx. 78521			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
		Fees		bank fee charge	
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Sylvia Garza-Pérez

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; State; Zip Code

7 Purpose for which amount is received Check if 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; Zip Code

Purpose for which amount is received Check if 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; Zip Code

Purpose for which amount is received Check if 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; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: |

2 FILER NAME

Sylvia Garza-Perez

3 Filer ID (Ethics Commission Filers)

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

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

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

Sylvia Garza-Pérez

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