# Sylvia Garza-Perez

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/ MRS / MR OFFICEHOLDER OFFICE USE ONLY NAME Date Received **CAMERON COUNTY** 4 CANDIDATE/ ADDRESS / PO BOX; DEPARTMENT OF ELECTIONS & APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER VOTER REGISTRATION MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER Date Hand-delin **PHONE** 6 CAMPAIGN Receipt # Amount \$ TREASURER NAME Date Processed SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) 42 Meadow Glenn Dr., Bro. Tx. 78521 AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (956)3460509 PHONE 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 Month COVERED 2016 2016 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Month Primary Runoff Year Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County clerk **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	4/via Erarz	ra-Perez	5 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.					
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages	-					
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	·					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 169.48				
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 2,317,27			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DEPARTMENT OF THE LAST DEPARTMENT OF THE LAST DEPARTMENT.	\$ 169.48 \$ 2,317.27 PAY \$ 9637.86 HE \$ 13,500.			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 13,500.					
18 AFFIDAVIT						
Note Note	UMBERTO LOZANO, ary Public, State of ty Commission Expi August 26, 2019	les gluege	mation required to be reported by me			
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscri	bed before me, b	y the said SylVia Corza-Pese	22, this the 3th			
day of Mylicky	1, 20 17, to	certify which, witness my hand and seal of office.	,			
		Humberto Lezerre	Notary Public -			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME /	<u> </u>	·· <u> </u>
	Sylvia Garza-Perez	Filer ID (Ethics Comm	ission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	4	, Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		120.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS	\$	13,500.
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBL	JTIONS \$	2,147.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$	CS.
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	cT)
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	<b>S</b>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	ESS OF C/OH \$	05
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$	30.45
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	Ø

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date \_\_ out-of-state PAC (ID#:\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; · Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ 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

The instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME SYLVIA GAVIG-PEVEZ	3 Filer ID (Ethics Commission Filers)	· · · · · · · · · · · · · · · · · · ·
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ /20.00	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	de Signage C  Check if travel outside of Texas. Complete  11 Employer (FOR NON-JUDICIAL) (See Instruction	OVEV
Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instru	ŕ
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JU	·
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor		ution
Contributor address; City; State; Zip Cod	de Check if travel outside of Texas. Complete s	Schedule <sup>-</sup>
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 Instruc	ctions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUI	DICIAL)
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor gut-of-state PAC (ID#:\_ 9 In-kind contribution Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount ut-of-state PAC (ID#:\_ In-kind contribution of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of out-of-state PAC (ID#:\_ In-kind contribution Pledge \$ description Pledgor address: City; State; Zip Code \_\_Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) 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
Th	e Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule E:
2 FILER NAME	54 lvier Garza-Rev	1CZ	3 Filer ID (Ethics Commission Filers
	NITEMIZED LOANS		\$
5 Date of loan 63/27/2014		ate PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (1)  12 Principal occupat	42 Meadow Glenn &		11 Maturity date
14 Description of Col		13 Employer (See Instructions)	
none		15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  Principal Occupat	18 Guarantor address; City; ion (See Instructions)	State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N		·	Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Description of Colla:	eral	Check if personal funds were d account (See Instructions)	eposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; s	State; Zip Code	
not applicable			
Principal Occupation	(See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP der is out-of-state PAC, please see ins	IES OF THIS SCHEDULE AS NEE	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Feas Food/Beverage Expense Glift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 7/24/16	5 Payee name M5 Designs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 103.87	1405 S. Palm Court De	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	·	Check if Austin, TX, officeholder living expense
EXPENDITURE		
	Printing Expense	labels
9 Complete ONLY If direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/01/14	Norma Martinez	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 100.		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	~ 1h .	The state of the s
	other	1818 Tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/05/14	Iglesia Baustita We	st Brownsville
Amount (\$)	Payee address; City; State; Zip Code	
\$ 100.	925. W. St. Charles, Bro	, Tx. 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check If Austin, TX, officeholder living expense
	Other	Sponsorshup
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME
2 of 6
4 Date
5 Payee name
58/15/(6 Faulk Middle School
6 Amount (\$)
7 Payee address; City; State; Zip Code 3 Filer ID (Ethics Commission Filers) 2000 Roosevelt St. Bro. TX 7852/
(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Sponsorship Other Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Maya Designs + Erraphics 08/16/16 Amount (\$) 250 S. Williams Rd. Sun Benits Tx. 78586 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Drinting +- Shirts Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Santa Rosa 4-H Club vee address; City; State; Zlp Code Amount (\$) \$ 175. Santa Rosa TX
Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Sponsorship Smokin Llover Cook of Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME) Julia Garran - Per	3 Filer ID (Ethics Commission Filers)
4 Date 09/10/16		ocratic Wimen
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.	504 E. St. Francis,	Bro. Tx. 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outskie of Texas. Complete Schedule 7.  Check if Austin, TX, officeholder living expense
	other	fickets
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/16/16	Sounds of Down to	
Amount (\$)	Payee address; City; State; Zip Code	
\$206.		
,	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	•	Check if Austin, TX, officeholder living expense
EXPENDITURE	Other	3ponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/4/16	Lower Valley Hispanic	Chamber of Commerce
Amount (\$)	Payee address; City; State; Zlp Code	
\$150.		
PURPOSE OF EXPENDITURE	Gategory (See Categories listed at the top of this schedule)	Description Checkif travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Other	2000soppip/golf tournamen
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expanse Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 456 E. Levec St., Bro. Jk. 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schadule T. **PURPOSE** Check If Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name United Way of Southern Cameron County Pavae aridress: City: State: Zip Code 134 E. Levee St. Bro. Tx. 78520 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense EXPENDITURE event tickets Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name Igle Sia Ebenezer Payee address; City; State; Zlp Code 205 W. 1St Street, Los Resnos TX FRISE Category (See Categories listed at the top of this schedule) Description \_\_\_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Thanksquing donation Office sought Office other Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Loan Repayment/Relmbursement Event Expense Advertising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Sylvia GARTA-Perez 4 Date , 5 Payee name 5 Payee name 3 Filer ID (Ethics Commission Filers) 6 Amount (%) \$100. Brownsville TX (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE L Check if Austin, TX, officeholder living expense OF EXPENDITURE event tickets Other Office held Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Caneron County Payee address; City; State; Zig Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Christmas donation party. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Resaca de la Palma 12/12/16 1000 New Carmen Rvenue. Bro. TK 78521 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Other Candidate / Officeholder name Complete ONLY if direct expanditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made E Candidate/Office/rolder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Travel Out of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	The instruction Guide explain	3 Filer ID (Ethics Commission Filers)
6056	Sylvia Garza-	Perez
4 Date	5 Payee name  M5 Designs	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code
\$103.92	1405 S. Palm Court	Dr. Harlingen TV 78552
8 PURPOSE	(a) Category (See Calegories listed at the top of this s	chedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF		Check If Austin, TX, officeholder living expense
EXPENDITURE		
,	Hunting Expense	SIGOUSE
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zi	p Code
1	Category (See Categories listed at the top of this so	chedule) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	•	Check if Austin, TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
Date	Payee name	<del></del>
Amount (\$)	Payee address; City; State; Zip	) Code
	Category (See Categories listed at the top of this sol	
PURPOSE	•	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	•	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politic	Ву	Gift/Awards/Memo Legal Services The Instruction	rials Expense	Polling Expens Printing Expens Salaries/Wage  ns how to comp	se s/ContractLabor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2.	2 FILER N.	AME (	, alternation	za- Pe		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	MIZED UNP					\$
5 Date	6 Payee na	me		<u> </u>		
7 Amount (\$)	8 Payee ad	ldress;	City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Po	itical		Non-Politica	 I	
10	(a) Category	(See Categories lis	ted at the top of th	is schedule)	(b) Description	on
PURPOSE OF					Check if	travel outside of Texas, Complete Schedule T.
EXPENDITURE					Check i	f Austin, $\top X$ , officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candid I	ate / Officehold	der name	Office	sought .	Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	iress; C	ity; State;	Zip Code		
TYPE OF EXPENDITURE	Polit	lcal		Non-Political		
PURPOSE	Category	See Categories liste	d at the top of this	schedule)	Description Check if to	n avel outside of Texas. Complete Schedule T.
OF EXPENDITURE					Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholde	er name	Office s	sought .	Office held
				·		
		··				
	ATTACH A	DDITIONAL (	COPIES OF	THIS SCHEE	DULE AS NEE	DED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Sylvia Garra-Perez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
		4
	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	
	Description of investment	
-	Amount of investment (\$)	
	r modific σ, mivestificite (φ)	
<u>:                                      </u>		
·		

#### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orthogon (and listed shows)

Candidate/Officeholder/Politic	By Gift/Awards/Memorials Expense Printing Expense Galaries/Wages/	e Travel Out Of District //Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to compl	
1 Total pages Schedule F4:	2 FILER NAME Sylvia Garza-9	2 3 Filer ID (Ethics Commission Filer
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD \$
5 Date	6 Payee name	·
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OF	Candidate / Officeholder name Office so	Check if Austin, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name Office so	Check if Austin, TX, officeholder living expense

## 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 Giff/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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Gitt/Awards/Memorials Expense

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

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

Candidate/Officeholder/Poli Credit Card Payment	itical Committee	Legal Services	Sal	aries/Wages/Contract Labor	Travel Out Of Other (enter a	District category not listed above)
<u>,</u>			uide explains ho	w to complete this form.		
1 Total pages Schedule H:	2 FILER NA	Sulvia	Ewza	Perez	3 Filer ID	Ethics Commission Filers
4 Date	5 Business					
6 Amount (\$)	7 Business	address; City;	State; Zip Co	de		
8	(a) Category	See Categories listed at t	he top of this schedule	(b) Description		
PURPOSE OF					de of Texas. Complete S	chedule T.
EXPENDITURE				1 1	IX, officeholder living	
				and Grosskii Nastri,	IV. oncendos bylig	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e / Officeholder na	me	Office sought		Office held
Date	Business r	ame				
Amount (\$)	Business a	ddress; City;	State; Zip Coo	le		
			•			
	Category (S	lee Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE				1 1	e of Texas. Complete Sol K, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder nam	ie	Office sought		Office held
Date	Business na	tme				
Amount (\$)	Business ac	ldress: Citv: :	State; Zip Code			
		•	, Ap 3040			
	Category (Se	e Categories listed at the	top of this schedule)	Description		
PURPOSE OF					of Texas. Complete Sche	
EXPENDITURE			-	Check if Austin, TX,	officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	Э	Office sought		Office held
	ATTACH	ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEED	DED	
		_				

#### SCHEDULE !

	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule		3 Filer ID (Ethics Commission Filers)			
4 Date 7/8/2016	5 Payee name Lone Star National Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Code 2100 Boca Chila Bro.	Tx 78521			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Fees	(b) Description (See instructions regarding type of information required.)  Dcbit / ATM FEE			
Date 07/8/2016	Payee name Deloke Check				
Amount (\$) \$24.45	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.)  Check order			
Date 8/10/2016	Payee name Lone Star National K	Bank			
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.)  Pebrt/Arm Kandling			
Date 09/09/16	Payee name Lone Star National	Bank			
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.)  Debit / ATM Rec			
<u> </u>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE |

	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule (	2 FILERNAME Sulvia Garza-Per	3 Filer ID (Ethics Commission Filer
4 Date /0/7/16	5 Payee name Lone Star Nation	el Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.00		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)  Debit ATM Fee
11/10/16	Payee name Lone Stav National	
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.)  Debit ATM Fee
Date /2/9/16	Payee name Lone Star Nationa	
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.)
	Fees	Debit ATM HANDLING FEES
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL CODIES OF THE C	

# 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:
2 FILER NA	Sulvia Garza-Revez	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
		<u> </u>
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 C	heck 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 Ch	eck if political contribution returned to filer
Date	Purpose for which amount is received Ch  Name of person from whom amount is received	eck if political contribution returned to filer  Amount (\$)
Date	Name of person from whom amount is received	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City;	Amount (\$)

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

#### SCHEDULE T

The Ins	truction Guide ex	plains how to complete	this form.	1 Total pages Schedule T:
2 FILER NAME	Sulvea	Garza-Peres	7.	3 Filer ID (Ethics Commission Filers)
4 Name of Contributo		abor Organization / Pledgo	ır / Payee	
5 Contribution / Expe	nditure reported on:	:		
Schedule A2	-		Schedule C2	Schedule D Schedule E1
Schedule F2			Schedule H	☐ Schedule D ☐ Schedule F1 ☐ Schedule COH-UC ☐ Schedule B-8
6 Dates of trave!	7 Name of per	rson(s) traveling		
	8 Departure cit	ty or name of departure loca	ation	
	9 Destination c	ity or name of destination l	ocation	
10 Means of transporta	ition 11	Purpose of travel (including	j name of conference, s	seminar, or other event)
Name of Contributor	r / Corporation or La	abor Organization / Pledgor	/ Payee	
Contribution / Expen	diture reported on:			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule	. 🗖	Schedule H	Schedule COH-UC Schedule B-St
Dates of travel	Name of pers	son(s) traveling		
.:	Departure city	or name of departure loca	tion .	
		ty or name of destination lo	cation	
Means of transportat	ion P	Purpose of travel (including	name of conference, se	eminar, or other event)
Name of Contributor	Corporation or Lab	oor Organization / Pledgor /	Payee	,
Contribution / Expend	liture reported on:			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F		Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of perso	on(s) traveling		·
	Departure city (	or name of departure location	on	
	Destination city	or name of destination loc	ation	·
Means of transportation	on Pu	irpose of travel (including n	ame of conference, ser	minar, or other event)
	ATTACH	ADDITIONAL COPIES O	F THIS SCHEDULE !	AS NEEDED
mo neovial and but Tales and the				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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						
2 Filer ID (Etibics Commission Filer)   3 SIGNATURE   Sylvia Caracters   2 Filer ID (Etibics Commission Filer)   3 SIGNATURE   1 do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designs ing 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			The Instruction •• Complete only if "Re	າ Guide explains how to ∋port Type" on page 1	complete this for is marked "Fin	rm. al Report"
Ido not expect any further political contributions or political expanditures in connection with my candidacy. I understand that design ing 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 expanditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder  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 understand that may not convert unexpended political contributions or unexpended interest or income earned from political contributions operated unexpended contributions or unexpended interest or income earned on political contributions in this final report. Further, I understand that I must file an annual report of unexpended contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions are unexpended interest or unexpended political contributions and unexpended interest or unexpended on political contributions and unexpended interest or unexpended on political contributions in accordance with the requirements of Election Code, § 264.204.  B. ASSETB  Check only one:  I do not retain assets purchased with political contributions or interest or other income from political contributions that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I else ounderstand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candida	<b>1</b> C/	OH NAME	1			· · · · · · · · · · · · · · · · · · ·
contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder  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 may not convert unexpended political contributions or unexpended interest or income earned on political contributions or unexpended contributions and that I may not reason unexpended contributions or unexpended interest or income earned on political contributions and that I may not reason unexpended contributions or unexpended interest or income earned on political contributions are than 1 may not reason earned on political contributions or unexpended interest or income earned on political contributions are steer film 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 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 or interest or other income from political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate  DEFICEHOLDER  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	3 SI	GNATURE		our terco		
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 understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must flie an annual report of unexpended contributions and that I may not reta unexpended contributions or unexpended interest or income earned on political contributions and that I may not reta unexpended contributions or unexpended interest or income earned on political contributions and that I may not reta 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 to personal use. I also understand that I must dispose of 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.  DEFICEHOLDER  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 in the section officeholder, I retain political contributions, interest or other income from political contributions the entirest of the propers of unexpended dontributions in the section officeholder, I r						
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		officeholder, I reta	in political contributions, intere	est or other income from n		
Signature of Officeholder				-	Signat	ure of Officeholder