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. MS/ MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE/ CAMERON COUNTY ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE OFFICEHOLDER DEPARTMENT OF ELECTIONS MAILING VOTER REGISTRATION 7852 **ADDRESS** CI:SUAMFEB 05 2018 Change of Address 5 CANDIDATE/ RECEIVED **OFFICEHOLDER** Hand-de PHONE 6 CAMPAIGN Amount \$ TREASURER NAME Date Processed SUFFIX Date imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; ZIP CODE TREASURER **ADDRESS** (Residence or Business) 42 Meadow Glen Dr. Bro. Tx. 78521 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** (556)346-6509 **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 COVERED 2018 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Month Runoff Other Description General Special 12 OFFICE OFFICE HELD (if any) 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	ylvia Gan	a-Rivez 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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
Tanada (COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1650.			
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS. ITEMIZED	\$ 1.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1659.89			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 4017.98			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD				
18 AFFIDAVIT						
MY	MICHELE SALAZAR COMMISSION EXPIR September 7, 2019	I swear, or affirm, under penalty of perjutrue and correct and includes all inform under Title 15 Election Code.				
		Sibratura of Solvid	ate or Office holder			
AFFIX NOTARY STAMP	/SEALABOVE	Signature of Cartolic	ac or omegnodes			
Sworn to and subscri	bed before me, b	y the said Sylvia tawa Perez	this the 300			
day of Phylary	, 20 <u>18</u> , to	certify which, witness my hand and seal of office.				
	77	41 hichele Jalazor	Notary Public			
Signat ure of office r ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 ⊨	Sylvia Garra Pérez	20 Filer ID (Ethics Co	ommission Filers)
	Sulvia Garza Herez	1	
	CHEDULE SUBTOTALS AME OF SCHEDULE	-	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1650.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ \$6
4.	SCHEDULE E: LOANS		\$ 13,500
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1458.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ ¢
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 2
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$ \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how	to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Sylvia Garza-He	1/2	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·
, ,	Clear Bols & Sa	145	
01/11/10	6 Contributor address;	City; State; Zip Code	\$ 150.00
	P.O. BOX 5039	9 Employer (Se	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (Se	e Instructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
4.1	Travis Beno	·	
01/04/	Contributor address;	City; State; Zip Code	de tour
/18			\$1000.**
<u>.</u>	1018 ETyler Hading	en Tx 78550	
· Principal occup	ation / Job title (See Instructions)	Employer (Sec	e Instructions)
		•	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
	Deches in al Had	: / Single DME	
01/21/	Contributor address;	City; State; Zip Code	
104/18	2-22/11/1/-	City Rd. La Terra, TX.	\$ 500
District	Wanted IV. I (Ansus	ity Kd. Latera, IX.	18589
Principal occup	ation / Job title (See Instructions)	Employer (See	e Instructions)
Date	Full name of contributor	out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
	·		
Principal occup	ation / Job title (See Instructions)	Employer (See	a Instructions)
	•		
	•		
	1		
	ATTACH ADDITIO	NAL COPIES OF THIS SCHEDULE	E AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this fo	1 Total pages Schedule A2:	
2 FILER NAME SULVICI HAVZA-PÉVEZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS	\$
5 Date 6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description
7 Contributor address; City; State; Zip Co		Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	tor'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 . In-kind contribution Contribution \$. description
Contributor address; City; State; Zip Co	ode	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribut	or's job.title (FOR JUDICIAL) (See Instructions)
Contributor's employer/iaw 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)		
		•

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) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAG (ID#:___ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#:_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code __Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind contribution Full name of pledgor Amount of out-of-state PAC (ID#;_ 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	complete this form.	1 Total pages Schedule E:
2 FILER PAME	i Gura Pérez	in the second se	3 Filer ID (Ethics Commission Filers
4 TOTAL OF U	NITEMIZED LOANS	-	\$
5 Date of loan		of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City		10 Interest rate
Y V 12 Principal occupat	42 Meadow Glen Or., i ion / Job title (See Instructions)	Bootx . 1852/ 13 Employer (See Instructions	11 Maturity date N/a
14. Description of Co		15 Check if personal funds we account (See Instructions)	
none 6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
U Principal Occupat	tion (See Instructions)	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 occupatio	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	Lanca I	Amount Guaranteed (\$)
_	Guarantor address; City;	State; Zip Code	•
not applicable	n (See Instructions)	Employer (See Instructions)	
		1	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E	Food/Beverage Expense Gift/Awards/Memorials Expense		n District Out Of District
Candidate/Officeholder/Politica			enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 EII ERINAME	3 File	r ID (Ethics Commission Filers)
OF/	YIVIA GARRA-HEVEZ		
	5 Payee hame		
01/10/18	Grafik Spot		
01/10/18	the same of the sa	<u>, p i</u>	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
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7376.01			
8	(a) Category (See Categories listed at the top of this	I 1 - 1	
PURPOSE	•	Check if travel outside of Texa	,
OF		Check if Austin, TX, office	ehalder living expense
EXPENDITURE	4		•
,	printing expense	push cards s	ignage
S Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI		_	
Date	Payee name		
0/11/18	The Grafik Spot		
Amount (\$)	Payee address; City; State;	Zin Code	
ranount (4)	1 2,000 0001300, 010,1 010,1		ř
I ame			· ·
\$59.54	1265 N. Expressway,	BRO. TX. 78520	
J	Category (See Categories listed at the top of this		
PURPORE		Check if travel outside of Texa	s, Complete Schedule T.
PURPOSE OF		Check If Austin, TX, office	holder living expense
EXPENDITURE			
	protingexpense	Signer thing	and we are a second
		Signage fourn	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Cilibe rield
expenditure to beliefit erest	'		
Date	Payee name		
01/11/18	DOLLAR Thee Store	Š	
Amount (\$)	Payee address; City; State; 2	Ip Code	
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	1700 majuracy 100 FOT	Trace 17 78318	· · · · · · · · · · · · · · · · · · ·
	Category (See Categories listed at the top of this		
PURPOSE		Check if travel outside of Texes	s. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officel	older living expense
EXPENDITURE			,
	event expanse	Meet Greet/	care Potoes.
Complete ONLY If allowed	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	+ F	empe deagm	
	ATTACU ADDITIONAL CODICE	OF THIS SCHEDULE AS NEEDED	
	AT (AUDIADDITIONAL GUPIES	At 1 LIFE SAUCRAFFE WE MEENED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Consulting Expense Polling Expense Contributions/Denations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total paggs Schodule F1: 2 FILER NAME SU/VIA Gara-Rérez 3 Filer ID (Ethics Commission Filers) City; State; Zip Code \$158 60 Public Kisel, Bro. TK. 78550 Category (See Categories listed at the top of this schedule) (5) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE __ Chack if Austin, TX, officeholder fiving expense OF. EXPENDITURE Event Expense Loteria Prizes/Heet & Great Givensus Candidate / Officeholder name @ Complete ONLY If direct expanditure to benefit C/OH Payee name Charro Days, Inc. \$240. 78520 455 E. Elizabeth St 1300 TK Category (See Categories listed at the top of this achedule) Check if travel outside of Yexas. Complete Schedule T. PURPOSE ... Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Carnival Banner Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Ms. South Texas Serier America 01/23/18 Payes address; City; State; Zip Code Amount (\$) \$150. 14464 F.M. 1018 Lyford, TX. 28549 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedula T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Schedule Fi

	EXPENDITURE CATECORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Office/holder/Politics Credit Card Payment	Fees Office O Foot/Beverage Expense Polling & Y GitVAwards/Memorials Expense Printing	psymen/Reinbursement vorhead/Rentel Expense Expense Expense Wzgss/ContractLabor complete this form.	Sclicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Cut Of District Other (enter a category not listed above)
Total pages Schedule F1:	Sylvia Garza-Pere		3 Filer ID (Ethics Commission Filers)
01/29/18	- Incamak word toaden	ч	
6 Amount (\$)	7 Payee address; City; State; Zip Code	J	
\$ /75.00	244 Resaca Blud. B	10 Tx. 7853	20
8 Purpose Of Expenditure	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check it wavel ou	riskle of Texas. Complete Schedule T. . TX, officeholder flying expense
10070 E 125 (1360 5 62) E 0 85.	Advertising Expense	program	Ad Little Bit of Mexi
© Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Onte	Payee nams		
01/31/2018	The Grafik Spot		ASSERBATION TO A SECTION OF THE SECT
# 487. 13	Payee address; City; State; Zip Code 1265 N. Expressway, Br	o. Tx. 7852	
Purpose Of Expenditure	Category (See Categories listed at the top of this schedule)	Check if Austin,	ide of Texas, Complete Schedule T. TX, officsholder living expense
7	Printing Expense Candidate / Officeholder name	Block Wa	IK Supplies
Complete ONLY if direct expenditure to benefit C/OH	candidate / Unicerloider name	Office sought	Office held
Date	Payee name	,	
Amount (1)	Payee address; City; State; Zip Code		Sensor in the se
Purpose Of Expenditure	Category (See Categories listed at the top of this schedule)	/ I === 3	de of Texas. Complete Schedule 1. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH AUDITIONAL COPIES OF THIS S	PCP/EDULE AS NEED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidat/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/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILERNAME Sylvia Gara-Periz	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED 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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF	Check if trave	el outside of Texas. Complete Schedule T.
EXPENDITURE	· Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held
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 Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE	:D

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 Garza-Perez	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 SCHEDU	LE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politio		Food/Beverag Gift/Awards/M Legal Service	emorials Expense	Polling Expens Printing Expens Salaries/Wages		Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instru	ction Guide expla	ins how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILEPA	Yytua	Gara-Pe	rez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	NZED EXP	ENDITURI	ES CHARGE	TOACRED	IT CARD	\$
5 Date	6 Payee r	name				
7 Amount (\$)	8 Payee	address;	City; State;	Zip Code		
9 TYPE OF EXPENDITURE	F	olitical		Non-Politica		
10	(a) Catego	ry (See Categor	ies listed at the top of ti	nis schedule)	(b) Description	on
PURPOSE					Gheck it	f travel outside of Texas. Complete Schedule T.
OF Expenditure					Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	H T		eholder name	Office	sought	Office held
Date	Payee n	ame				
Amount (\$)	Payee a	iddress;	City; State;	Zip Code		
. •						
TYPE OF EXPENDITURE	Po	olitical		Non-Politica		
	Categor	y (See Categorie	es listed at the top of th	s schedule)	Descriptio	on
PURPOSE					Check if t	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE					Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		date / Office	holder name	Office	sought	Office held
					AP.	
	ATTACH	ADDITION	IAL COPIES O	F THIS SCHE		EDED

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
Gitt/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
Other (Anthur a colored out of the Colored out of the Colored out of the Colored out of the Colored out

The Instruction Guide explains how	ries/Wages/Contract Labor Other (enter a category not listed above) r to complete this form.
2 FILER NAME SULVILLE HAVEA-PEYEZ.	3 Filer ID (Ethics Commission Filers)
5 Payee name	
7 Payee address; City; State; Zip Code	
(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name DH	Office sought Office held
Payee name	
Payee address; City; State; Zip Code	
Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name H	Office sought Office held
Payee name	
Payee address; City; State; Zip Code	
	4
Category (See Categories listed at the top of this schedule)	(b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Candidate / Officeholder name H	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
	FILER NAME SUNWE flare - Revez 5 Payee name 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)

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

SCHEDULE H

Expense Event Expense Loan Repayment/Reimbursems

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politi Credit Card Payment		aries/Wages/Contract Labor Othe	rel Out Of District er (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME SULVIA GARZA-DA	, 3 Fil	er ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Co	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if Austin, TX, officehol	'
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date ·	Business name		
Amount (\$)	Business address; City; State; Zip Cor	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Check if travel outside of Texas. C Check if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	e	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Co Check if Austin, TX, officeholds	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to cor	mplete this form.			
1 Total pages Schedule I		3 Filer ID (Ethics Commission Filers)			
***************************************	Juliu Garza-Kerez				
4 Date	5 Payee name LoneStar National Ban	<i>f</i> ,			
01110		K)			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,	P.O. Box 1127 Phortx.				
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	s of acceptable (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Fees	AM			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
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PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of Information required.)			
EXPENDITURE					
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 CODIES OF THIS S	SOURDINE AO MEEDED			

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

SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	odule K:		
2 FILER NAME	Sylvia Garza-Pevez	3 Filer ID (Ethic	s 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		
		political contribution	returned to mer		
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 p	political contribution i	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 p	olitical contribution r	eturned 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 po	olitical contribution re	eturned 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:				
54 VIA Garza-Pérez			3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend Schedule A2 Schedule F2	iture reported on: Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1 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 / Expend	iture 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	ates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or	name of destination lo	cation	t and			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expendi	ture reported on:			. 248			
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	on Purpo	ose of travel (including	name of conference, s	eminar, 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 2 Filer ID (Ethics Commission Filers) Sulvia Garra-Perez 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 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. В. **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 **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