SYLVIA
GARZA-PEREZ

•		FICEHOLDER ICE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	n Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	M37 MRS / MR	FIRST	MI	OFFICE USE ONLY
147	NICKNAME	1 LASI DALZA- HENEZ	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B	, , , , , , , , , , , , , , , , , , ,	CITY; STATE; ZIP CODE	A:3054 SZOZ LE TOO
Change of Address	L.O.B	0X 4322 Bee	·. 7x. 78523	0000 # # 100
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 746-5367	EXTENSION	CAMERON COUNTY DEPARTMENT OF ELECTIONS & Developed of pale power and
6 CAMPAIGN TREASURER	Sulv	. FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged
		24- Perez		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	P. O. Z	30x 4322 x	Bes. Tx. 7852	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(956) 3	346-6367		
9 REPORT TYPE	January 15	. 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	/6	01 2022	THROUGH /0 /	3/ /2022
11 ELECTION	ELECTION D. Month Day	ATE Year Primary	ELECTION TYPE Runoff Other	
	11/08	22 General	Description Special	
2 OFFICE	OFFICE HELD (If any		13 OFFICE SOUGHT (if known)	
4 NOTICE FROM POLITICAL			CCEPTED OR POLITICAL EXPENDITURES MAI MAY HAVE BEEN MADE WITHOUT THE CANDIE ED TO REPORT THIS INFORMATION ONLY IF THI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FY RECEIVE NOTICE OF SHICH EVEN NUTURES
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		The state of the s
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
	-	COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME OF	Ivia Gar.	La-Ri	EZ		16 Fii	er ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES	NITEMIZED POLIT I, LOANS, OR GUA UTIONS MADE EL	ARANTEES OF L	OANS OR	THAN	\$	3.
		OLITICAL CONT HAN PLEDGES, LO		RANTEES OF LO	DANS)	\$ 13	50.00
EXPENDITURE TOTALS	3. TOTAL UN	ITEMIZED POLITI	CAL EXPENDITU	JRE.		\$ 6	18.00
• • • • • • • • • • • • • • • • • • • •	4. TOTAL PO	DLITICAL EXPE	NDITURES			\$ 20	96.19
CONTRIBUTION BALANCE	5. TOTAL POL OF REPOR	ITICAL CONTRIB	UTIONS MAINTA	INED AS OF TH	IE LAST DAY	\$ 4.	576.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRI LAST DAY	NCIPAL AMOUNT OF THE REPORT	OF ALL OUTSTA ING PERIOD	INDING LOANS	AS OF THE	\$	S.
18 SIGNATURE IS	wear, or affirm, under p	penalty of perjury	, that the accom	panying report	is true and c	orrect and inc	ludes all information
rec	quired to be reported by	me under Title 15,	, Election Code.	\bigcap	11		
			Name of the Owner, or the Owne	William			
				Symm	execu		
				Signature	of Candidate	or Officehoic	ler
					/		
	ı	Please com	plete eithe	r option be	elow:		
	- W.C.						
IAN ARRIALISE	AND THE NO	SANDRA SAN					
(1) Affidavit		tary Public, State omm. Expires 09					
	A CONTRACT	Notary ID 1259					
NOTARY STAMP/SEAL							
Sworn to and subscribed			za-Per	ezthis	the <u>3</u> <u>/</u>	_ day of _ <i>[</i>	October. Public
20 22, to certify v	vhich, witness my hand a	and seal of office.					
Sand-Sa	102/	sano	lm Sanc	her		Notary	Public
Signature of officer administer	ing oaths	Printed name of of	fficer administering	g oath		Title of office	r administering cath
			OR				
(2) Unsworn Declaratio	n						
My name is			, and	my date of bir	th is		······
My address is					J	1	·
	(street)			(city)		(zip cođe)	
executed in	County, State	of	, on the	day of		, 20	
				(m	nonth)	(year)	
				Signature of Ca	andidate/Offic	eholder (Deck	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con 1) Filer ID (Ethics Con 20 Filer ID (Ethics Con 20 Filer ID (Ethics Con 21 Filer ID (Ethics Con 22 Filer ID (Ethics Con 23 Filer ID (Ethics Con 24 Filer ID (Ethics Con 25 Filer ID (Ethics Con 26 Filer ID (Ethics Con 27 Filer ID (Ethics Con 27 Filer ID (Ethics Con 27 Filer ID (Ethics Con 28 Filer ID (Ethics Con 29 Filer ID (Ethics Con 20 Filer	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1350.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O
4.	SCHEDULE E: LOANS	\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 1478.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	* O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>O</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

TI	he Instruction Guide explains ho	ow to complete thi	s form.	1 Total pages Schedule A1:
FILER NAM				[of 1
		aferez		3 Filer ID (Ethics Commission Filers)
Date 101, 1	5 Full name of contributor 0.5 E. T.		C (ID#;)	7 Amount of contribution (\$)
11/28	382 Herlinda	Sorjon city; St., Bro.	State; Zip Code	\$600.
Principal occ	cupation / Job title (See Instruction	s)	9 Employer (See Instruct	tions)
Date	Full name of contributor	ivel	C (ID#:)	Amount of contribution (\$)
	P. D. Box 605, 1	City;	State; Zip Code	₹75V.
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1	Contributor address;	City;	State; Zip Code	
Principal occu	_! upation / Job title (See Instructions))	Employer (See Instructi	ions)
Date	Full name of contributor	Out-of-state PAC	(10#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	,	Employer (See Instruction	ons)

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 Sched	lule A2: /6f_2
2 FILER NA	Bylvia Gara-Perez	3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	· de of Texas. Complete Schedule T
10 Principal o	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsid	le of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL)(See Instructions)
Contributor'	's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
				· ·

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

<u> </u>	The Instruction Guide explains how to con	mplete this form.	1 Total pages Sche	
2 FILER N.	Sylvia Garza-Per	ez-	3 Filer ID (Ethics (Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor	PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code	• • •	
			Check if travel outs	ide of Texas. Complete Schedule
0 Principal	occupation / Job title (See Instructions)	11 Employer (So	ee Instructions)	
Date		PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outsi]. ide of Texas, Complete Schedule 1
Principal o	ccupation / Job title (See Instructions)	Employer (Se	ee Instructions)	
Date		PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outsi	de of Texas, Complete Schedule T
Principal o	ccupation / Job title (See Instructions)	Employer (Se	e Instructions)	
Date	Full name of pledgor	PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outside	de of Texas, Complete Schedule T.
Principal oc	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) ls lender 8 Lender address; 10 Interest rate City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION : 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:_ Loan Amount (\$) Is lender Interest rate Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions)

Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (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 CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Pr	nan Repayment/Reimbursement ffice Overhead/Rental Expense offing Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		Rrez	3 Filer ID (Ethics Commission Filers)
4 Date /0/10/22	5 Payee name Lonta Club of Bru	onsville	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500.		eo., Tx. 7852	23
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	other	Sponsorshi	A
	(c) Check if travel outside of Texas. Complete Schedul	le T. 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		
10/11/22	Red Mass Commit	tee	
Amount (\$)	Payee address;	City;	State; Zip Code
\$250.	1218 R. Jefferson	LSt. BRO.T,	1. 78520
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE OF EXPENDITURE	other	Spons	orship
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/18/22	Academy		
Amount (\$)	Payee address;	City;	State; Zip Code
\$243.45	4305 Old Hwy. 77	Brownsville, T	V 78520
DUBBOOK	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Other	campais	n shirts
	Check if travel outside of Texas. Complete Schedule	T. 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 CORIES OF T	HIS SCHEDIN E AS NEED	ED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense	Event Expense	• •	
Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Contributions/Donations Made B Candidate/Officeholder/Politica	By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explains	Salaries/Wages/Contract Labor us how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date / /	5 Payeename		
10/20/22	Walmart		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
# 322.42	3500 W. Alton Gloor B	Blud., Bro., Tr. 7	4520
8	(a) Category (See Categories listed at the top of this s		
PURPOSE	A - A	4 6 8	Sen
OF EXPENDITURE	Other	Halloween	Bags Cave Partners
	(c) Check if travel outside of Texas. Complete Sch		, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/26/22	Dulceria Pinky's		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 162.28	2265 Central Blud.	BRO, TX. 78520	•
	Category (See Categories listed at the top of this sch	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PURPOSE OF	. la		Farmer of the second
EXPENDITURE	other	candy to t	fill Halloween Bags
	Check if travel outside of Texas. Complete Scho	nedule T. 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		
Date	гауее паше		
·			:
Amount (\$)	Payee address;	City;	State; Zip Code
			,
	Category (See Categories listed at the top of this school	edule) Description	
PURPOSE			
OF EXPENDITURE			
	Check if Iravel outside of Texas, Complete Sche	edule T. Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDULE AS NEED	En
		L LUIO OCHEDULE VO MEEN	En

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

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 & Related Expense

Constitutions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services	Salaries/M	kpense /ages/Contract Labor	Travel In Dis Travel Out C Other (enter	Of District	/ not listed above)
		The Instruction Guide exp	lains how to c	omplete this form.			
1 Total pages Schedule F2:	: 2 FILER	Sylvia Ear	2a-R	/ez	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITE	MIZED UN	NPAID INCURRED OB			\$		
5 Date	6 Payee	name			J		
7 Amount (\$)	8 Payee	address;		City;	S	itate;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical			
10	(a) Categor	ry (See Categories listed at the top of	this schedule)	(b) Description			
PURPOSE OF EXPENDITURE							
	(c)	Check if travel outside of Texas, Comple	te Schedule T.	Check if Aus	stin, TX, officehold	ler living ex	cpense
expenditure to benefit C/Oł	Payee i	name					
Amount (\$)	Payee	address;		City;	St	ate;	Zip Code
TYPE OF EXPENDITURE	F	Political	Non-Poli	itical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of t	this schedule)	Description			
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Au	stin, TX, officeholo	der living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholder name	Of	fice sought		ffice held	`
	ATTAC	H ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Sylvia Garra-Pévez	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; Cit	
	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
7	Description of investment	
TT	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations Made l Candidate/Officeholder/Politic	By cal Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		kpense /ages/Contract Labor	Travel In District Travel Out Of District Other (enter a categ	
		The Instruction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER	NAMESYlvia Gara	a leve	2	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	1IZED EXP	ENDITURES CHARGED			\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political [Non-Pol	litical		
10	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF Expenditure						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder living	1 expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	Off	fice sought	Office h	
Date	Payee r	name				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	p	olitical	Non-Poli	itical		
PURPOSE OF	Category	/ (See Categories listed at the top of this	schedule)	Description		
EXPENDITURE		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeholder name	Offi	ice sought	Office he	eld
						-
	ATTACI	HADDITIONAL COPIES OF	F THIS SC	HEDULE AS NEE	EDED	
	·					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 Salarias/Manas/Contract Lebon Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)
1 Total pages/Schedule G:	2 FILER NAME Sylvia Gara-Pere	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas, Complete Schedule T.	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
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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 H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to con	nplete this form.		
1 Total pages Schedule I:	2 FILER NAME, Sylvia Garza-Pero	3 Filer ID (Ethics Commission Filers		
4 Date	Sylvia Garza-Pero 5 Payee name Lone Star National Baw	k		
6 Amount (\$)	P.O. Box 1127, Pharr, Tx.	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)		e instructions regarding type o	of information
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 required.)	instructions regarding type of	information
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 S	CHEDULE AS NEE	EDED	

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	1 Total pages Schedule K:			
2 FILER NAME	Sylvia Garra-Perez	3 Filer ID (Ethic	cs 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; Staf					
	7 Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if p	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	te; 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	te; Zip Code	·			
	Purpose for which amount is received Check if p	political contribution r	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

		10	ppireable, DO NO 1	moluue una pag	ge in the report.			
The Ins	truction Guid	le explain	ns how to complete ti	his form.	1 Total pages Schedule T:			
2 FILER NAME	Sulvi	alu	orza-Perez		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributo	· · · · · · · · · · · · · · · · · · ·		Organization / Pledgor					
5 Contribution / Exper	nditure reporte	 ∌d on:						
Schedule A2		hedule B	Schedule B(J)	Schedule C2	Control Control			
Schedule F2	Schedule F1							
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling							
	8 Departure city or name of departure location							
	9 Destina	tion city or	r name of destination lo	eation				
10 Means of transports	ation	11 Purp	ose of travel (including	name of conference	e, seminar, or other event)			
Name of Contributor	r / Corporation	or Labor (Organization / Pledgor /	/ Payee				
Contribution / Expen	nditure reporte	d on:						
Schedule A2	g ☐ Sch	iedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		nedule F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	of person(s) traveling					
	Departure city or name of departure location							
	Destinat	ion city or	r name of destination loc	cation				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee				
Contribution / Expend	diture reported	i on:						
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D Schedule Et			
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel	Dates of travel Name of person(s) traveling							
	Departur	e city or no	name of departure location	on				
	Destinati	nation city or name of destination location						
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)						
	l	TACH AE	DDITIONAL COPIES C	OF THIS SCHEDUL	F AS NEEDED			
					LAO NEEDED			