# SYLVIA<br/>GARZA-PEREZ

SEMI-ANNUAL REPORT JANUARY 17, 2023

CANDIDA	FORM C/OH COVER SHEET PG 1			
		w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	Sylvia	MI	OFFICE USE ONLY
NAME	NICKNAME	Jarea-Perez	SUFFIX	CAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	,	CITY; STATE; ZIP CODE	DEPARTMENT OF ELECTIONS 8 VOTER REGISTRATION  3.0 JAN 1 3 2023
Change of Address	K.O. Box	4322, Bro., 7	x., 78523	] ~
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 44-53-7	EXTENSION	Date Hand-delivered of Only 1 State and
6 CAMPAIGN TREASURER	MS/MRS/MR MS. Sul	FIRST	Mi	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed  Date Imaged
		rza-Perez		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	P.O. BOX	4322, BAO. T	X., 78523	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 957 )34	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment
	July 15	8th day before ele	Exceeded Modified Reporting Limit	(Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	. //	01 /2022	THROUGH /2	31 / 2022
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
		General	Special	
12 OFFICE	OFFICE HELD (if any	County Clerk	13 OFFICE SOUGHT (If known	n)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		THE TREE HOUSE OF GOOD EAR ENDINGER.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
·	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	<u> </u>	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)
		(
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 953.35
	4. TOTAL POLITICAL EXPENDITURES	\$ 953.35 \$ 1732.84 \$ 246.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 246.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6
	swear, or affirm, under penalty of perjury, that the accompanying report is true and of quired to be reported by me under Title 15, Election Code.	Arrect and includes all information
(1) Affidavit	Signature of Candidate Signature of Candidate Please complete either option below:	e or Officentelder
NOTARY STAMP/SEA	L	
Sworn to and subscribed		day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	a Garea - Pere 2, and my date of birth is	109/10
	BOX 4322 BRO TX 78523	
Executed in	(street) (city) (state)  County, State of Texas, on the 3 day of Tanuar (month)  Signalure of Candidate/Off	(zip code) (country)  (year)  (country)
		()

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)					
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 65					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &					
4.	SCHEDULE E: LOANS	\$ 60					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 779.51					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 60					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$ S					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ \$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$ \$					

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

•	The Instruction Guide explains ho	w to complete th	is form.	1 Total pages Schedule A1:
FILER NAM	Sylvia Garz	a-Perez		3 Filer ID (Ethics Commission Filers)
<b>1</b> Date	5 Full name of contributor	Out-of-state P/	PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
3 Principal oc	ccupation / Job title (See Instructions	s)	9 Employer (See Instruct	tions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	Loupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
•	Contributor address;	Clty;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruction	ons)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:			
2 FILER NAME Sylvia Gara-Revez	3	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date 6 Full name of contributor out-of-state PAC (#D#:		3 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 occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer	(FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributo	or's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm o	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description		
Contributor address; City; State;		Check if travel outsion	de of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			A		
ATTACH ADDITIONAL COPIES OF T			mana ana ana ana ana ana ana ana ana ana		
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			ı requirements.		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

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

1	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule B:
2 FILER NA!	Sylvia Garza-Revez	3 Filer ID (Ethics (	Commission Filers)
4 TOTAL (	OF UNITEMIZED PLEDGES	\$	
<b>5</b> Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description
		Check if travel outs	 
U Principal od	ccupation / Job title (See Instructions) 11 Employer (S	See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	••••	]
		Check if travel outs	। . ide of Texas. Complete Schedule ।
Principal occ	cupation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution   description
	Pledgor address; City; State; Zip Code	••••	† 
		Check if travel outs	I ide of Texas, Complete Schedule T
Principal occ	cupation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
Principal occ	Unation / Inh title (Can Industry		de of Texas. Complete Schedule T.
Principal occ	supation / Job title (See Instructions) Employer (S	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions) Employer (S		, de of Texas. Complete Schedule T

Forms provided by Texas Ethics Commission

## **LOANS**

## SCHEDULE E

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

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 filer name	Wia Gareq-Perez		3 Filer ID (Ethics Commission Filers)
•	NITEMIZED LOANS		\$
5 Date of loan		∋ PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupation	I on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fund account (See Instruct	nds were deposited into political titions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	on (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	I	1	Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Chack if personal fun-	de control internalities
none		account (See Instructi	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPI	PIES OF THIS SCHEDULE AS NEE	

Forms provided by Texas Ethics Commission

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

		EXPENDIT	URE CATEG	ORIES FO	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori	ense als Expense	Office Overhe Polling Exper Printing Expe	пѕе	Solicitation/Fundra Transportation Eq Travel In District Travel Out Of Dist	uipment & Related Exper	se
Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services		Salaries/Wag	es/Contract Labor		egory not listed above)	
1 Total pages Schedule F1:	0 = = = > 1				nplete this form.			
Florar pages Schedule F1;	2 FILER IV	Sylvia Ge me Ingham ( dress:	rza-D	res.		3 Filer ID (Eth	ics Commission Filers	)
4 Date	5 Payeena	me						
1101/22	Lo	nahem (	attle C	00100	3v/			
6 Amount (\$)	7 Payee ad	dress;		on pas	City;	State;	Zip Code	
4.								
7258.52	3055	W. Expres	Sugary 83	San	Penito.TY			
8	(a) Category	/ (See Categories lister	at the top of this scl	chedule) (	b) Description			-
PURPOSE								
OF EXPENDITURE	oth	er			Maminian	dinner u	Voluntee	اء:
	(c)	Check if travel outside of	Tayas Complete Scho					$\dashv$
9 Complete ONLY if direct		ate / Officeholder i		edule I.		tin, TX, officeholder livi		
expenditure to benefit C/OF		ic / Omcendider i	idilie		Office sought		Office held	
Date	Pausana							=
Date	Payee nar	A .						
11/03/22	6	. M. Ha	le					
Amount (\$)	Payee add				City;	State;	Zip Code	
		_			•	J. J	2.6 0000	
₹25D.	P.O.	Box 570	5 Ban.	. 7/	79521			
	Category	(See Categories listed a	at the top of this sche	edule)	Description			
PURPOSE			·					
OF EXPENDITURE	1 di mat						-L	
		ising expe			on-line ad	vertiseme	<u>at</u>	_
		Check if travel outside of T		dule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder n	ame		Office sought		Office held	
Date	Payee nar	ne						=
10/1/00	11.	, <u>.</u>						
12/1/22	Wal	mar 7						
Amount (\$)	Payee add	ress;			City;	State;	Zip Code	
\$270.95			41.1	,				
12.10.10	1004	W. Ocea	en olva.	1 Los	Fresnos	s, 7 <u>x</u> .		
	Category (	See Categories listed at	the top of this sched	dule)	Description			
PURPOSE OF								
EXPENDITURE	othe	r		ア	TIS i Teddi	v Bear Ch	ristmas Proj	ert
	CI	neck if travel outside of Te	xas, Complete Sched			, TX, officeholder living	J	<b>-</b>
Complete ONLY if direct		e / Officeholder n			Office sought	,, smaandad dving	Office held	$\dashv$
expenditure to benefit C/OH							Smoo neju	
								$\exists$
	ATTA	ICH ADDITIONA	L COPIES OF	THIS SCH	IEDULE AS NEE	DED		

## **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

Contributions/Donations Made By Candidate/Officeholder/Politica		Legal Services	emorials Expense			Travel C	n District Dut Of District Inter a category	not listed above)
1 Total pages Schedule F2:	2 FILER	NAME	arza-Pe			3 Filer I	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	IIZED UN	PAID INC	JRRED OB	LIGATION	3	\$		
5 Date	6 Payee r	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	olitical		Non-Pol	fical			
10 PURPOSE OF EXPENDITURE	(a) Categor	/ (See Categorie	s listed at the top of	this schedule)	(b) Description			
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	***************************************	side of Texas. Comple eholder name		Check if Au	stin, TX, office	eholder living ex Office held	
Date	Payee r	name						
Amount (\$)	Payee a	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE	P	olitical		Non-Pol	itical			
PURPOSE OF EXPENDITURE	Category	/ (See Categories	s listed at the top of	this schedule)	Description			
		Check if travel out	tside of Texas. Comp	ete Schedule T.	Check if A	ustin, TX, offic	ceholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Office	holder name	Oi	fice sought		Office held	i
	ATTAC	H ADDITIOI	NAL COPIES	OF THIS S	HEDULE AS NE	EDED		WARRACHIO

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

ļ	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; C	ity; 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; Cit	у; State; Zip Code						
	Description of investment							
	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 Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Glif/Awards/Memorials Expense Legal Services The Instruction Guide explain		pense ages/Contract Labor	Travel	In District Out Of Distric enter a catego	t ory not listed above)
1 Total pages 9chedule F4:	2 FILES	The Instruction Guide explain PIAME VIVIA GAVZA- PE		Implete this form.	3 Filer	ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	PENDITURES CHARGED		EDIT CARD	\$		
5 Date	6 Payee	name		<u></u>	<u> </u>		
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Calegories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, offi	iceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	<del></del> ,	Office h	eid
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE	F	Political	Non-Pol	itical			
PURPOSE OF Expenditure	Categor	ry (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas, Complete	Schedule T.	Check if Aus	stin, TX, offi	iceholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Off	fice sought		Office he	əld
	ATTAC	CH ADDITIONAL COPIES O	F THIS SC	HEDULE AS NE	EDED	<del></del>	NAME OF THE PROPERTY OF THE PR

# 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 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 (only a postpoor purel listed shows)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Salarie  The Instruction Guide explains how to	s/Wages/ContractLabor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Sylvia Garza-Peri	22	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			
8 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, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	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, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	D

## 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 Event Expense .oan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: FILER NAME 3 Filer ID (Ethics Commission Filers) Ivia Garza-Percz 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 Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct 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 Candidate / Officeholder name Complete ONLY if direct 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 Candidate / Officeholder name Complete ONLY if direct 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 c	ompiete this lotti.		
1 Total pages Schedule I:	Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (So	(b) 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 (Se required.)	ee 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.)		
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.)		

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

## SCHEDULE K

	The Instruction Guide explains how to complete this form.	1 Total pages Sched	Jule K:
2 FILER NA	Sylvia Garza-Perez	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 Che	eck if political 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 Chec	eck if political contribution re	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 Chec	ck if political contribution re	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 Chec	ck if political contribution re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDL	JLE AS NEEDED	

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule H 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED