

**SYLVIA**

**GARZA-PEREZ**

**SEMI-ANNUAL  
REPORT  
JANUARY 16, 2024**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; margin-left: 20px;">2</span>						
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / MRS / MR <i>Sylvia</i> FIRST      MI ..... NICKNAME <i>Garza-Perez</i> LAST      SUFFIX	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">CALIFORNIA COUNTY</div> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <small>DATA RECEIVED FROM PROTESTORS &amp; VOTER REGISTRATION</small> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <span style="font-size: 1.2em;">JAN 16 2024</span> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <span style="font-size: 1.2em;">@ 4:24 PM</span> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <small>Date Hand-delivered or Date Postmarked</small> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"><small>Receipt #</small></td> <td style="width: 50%; border-bottom: 1px solid black;"><small>Amount \$</small></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><small>Date Processed</small></td> <td></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"><small>Date Imaged</small></td> </tr> </table> </div>		<small>Receipt #</small>	<small>Amount \$</small>	<small>Date Processed</small>		<small>Date Imaged</small>	
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<small>Date Processed</small>									
<small>Date Imaged</small>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <input type="checkbox"/> Change of Address <i>P.O. Box 4322, Bro. Tx. 78523</i>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(956) 346 5367</i>								
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR <i>Sylvia</i> FIRST      MI ..... NICKNAME <i>Garza-Perez</i> LAST      SUFFIX								
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <small>(Residence or Business)</small> <i>P.O. Box 4322, Bro. Tx. 78523</i>								
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(956) 346 5367</i>								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Month      Day      Year</td> <td style="text-align: center; border-bottom: 1px solid black;">THROUGH</td> <td style="text-align: center; border-bottom: 1px solid black;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;"><i>07 / 01 / 23</i></td> <td></td> <td style="text-align: center;"><i>12 / 31 / 23</i></td> </tr> </table>	Month      Day      Year	THROUGH	Month      Day      Year	<i>07 / 01 / 23</i>		<i>12 / 31 / 23</i>		
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<i>07 / 01 / 23</i>		<i>12 / 31 / 23</i>							
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">ELECTION DATE</td> <td style="width: 70%; border-bottom: 1px solid black;">ELECTION TYPE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Month      Day      Year</td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special         </td> </tr> <tr> <td style="border-bottom: 1px solid black;"><i>01 / 16 / 24</i></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month      Day      Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	<i>01 / 16 / 24</i>			
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<i>01 / 16 / 24</i>									
12 OFFICE	OFFICE HELD (if any)      OFFICE SOUGHT (if known) <i>Cameron County Clerk</i>								
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; vertical-align: top;"> <input type="checkbox"/> Additional Pages   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC         </td> <td style="border: 1px solid black;"> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">COMMITTEE TYPE</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE NAME</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table> </td> </tr> </table>	<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">COMMITTEE TYPE</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE NAME</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
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GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

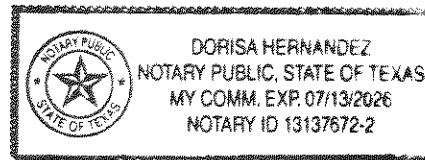
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 129.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sylvia Garza-Perez*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sylvia Garza-Perez this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath      Dorisa Hernandez Printed name of officer administering oath      Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)