

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Dr. Elba Garcia 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

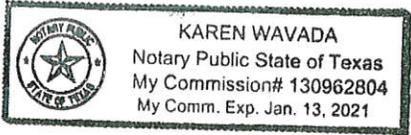
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>31,550.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,623.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>48,270.02</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>130,000.00</u>

18 AFFIDAVIT

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.



KAREN WAVADA
Notary Public State of Texas
My Commission# 130962804
My Comm. Exp. Jan. 13, 2021


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DR. Elba Garcia, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

KAREN WAVADA
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,200.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,623.28
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8-14-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Agustine Jalomo

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

607 W. Canty St Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-15-19

Full name of contributor out-of-state PAC (ID#: _____)

Scott Chuse

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1720 Pacific Ave Suite 3700 Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-18-19

Full name of contributor out-of-state PAC (ID#: _____)

Jill Martinez

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

447 Northwest Hwy Apt 1405 Irving TX 75039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-19

Full name of contributor out-of-state PAC (ID#: _____)

Lottie & Bobby Lyle

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

34 Mansland Dr Dallas TX 75230

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.

Everbate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8-26-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Craig Schenkel

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

*3105 Stanford Ave
Dallas, TX 75225*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-28-19

Full name of contributor out-of-state PAC (ID#: _____)

Pete Schenkel

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

*614 N-Bishop Ste 3
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-24-19

Full name of contributor out-of-state PAC (ID#: _____)

Janie B. Meuns

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

*3429 Saint Johns Dr
Dallas 75205*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-26-19

Full name of contributor out-of-state PAC (ID#: _____)

Robert F. Barnard

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

*904 Brandeis Ave
Panama City, Florida 32405*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8-26-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Christina Winters

6 Contributor address;

City; State; Zip Code

*3716 Santiago Court
Irving, TX 75062*

7 Amount of contribution (\$)

350.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-26-19

Full name of contributor

out-of-state PAC (ID#: _____)

Robert R. Trimble

Contributor address;

City; State; Zip Code

*8333 Douglas Ave # 1350
Dallas, TX 75225*

Amount of contribution (\$)

1000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-25-19

Full name of contributor

out-of-state PAC (ID#: _____)

Anthony Farmer law group PLLC

Contributor address;

City; State; Zip Code

*400 S. Zang Blvd 350
Dallas, TX 75208*

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-30-19

Full name of contributor

out-of-state PAC (ID#: _____)

Lori J. Ryerkerk & Carl R. Griffith

Contributor address;

City; State; Zip Code

*24985 Interstate 10
Winnie, TX 77665-8243*

Amount of contribution (\$)

500.⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Dr. Elba Garcia* 3 Filer ID (Ethics Commission Filers)

4 Date <i>8-23-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don M. Glendenning</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>2200 Ross Ave Suite 2800 Dallas, TX 75201</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>8-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam Gerber</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4435 Holland Ave. Dallas, TX 75219</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-29-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Ku DDS</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1168 W. Main St # E Lewisville, TX 75067</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-30-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall White & Jeff Herrington</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1939 Mayflower Dallas, TX 75209</i>		

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8-28-19

5 Full name of contributor

Barry G. Andrews

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

2730 Irving Blvd Dallas, TX 75207

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-3-19

Full name of contributor

Sara R. Garza Gongora

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

521 Campana Ct Irving, TX 75061

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-19

Full name of contributor

Lovkesh Kalia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

2408 Kings Country Dr Irving, TX 75038

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-19

Full name of contributor

John C. Cruzot

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

8185 San Leandro Dr Dallas, TX 75218

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-3-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Law office of Marc H. Richman

6 Contributor address; City; State; Zip Code

*304 S. Record St. Suite 200
Dallas, TX 75202*

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-3-19

Full name of contributor

out-of-state PAC (ID#: _____)

Ross L. or Lois G. Finkelman

Contributor address; City; State; Zip Code

*11437 W. Ricks Cir
Dallas, TX 75230*

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-19

Full name of contributor

out-of-state PAC (ID#: _____)

John C. Hill & Veletta A. Forsythe Hill

Contributor address; City; State; Zip Code

*622 Blair Blvd.
Dallas, TX 75223*

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-19

Full name of contributor

out-of-state PAC (ID#: _____)

Mary McDermott Cook

Contributor address; City; State; Zip Code

*1942 Malone, Cliff View
Dallas, TX 75208*

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-3-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Noel or Nancy Cates

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

Dallas, TX 4432 Druid 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-3-19

Full name of contributor out-of-state PAC (ID#: _____)

J. McDonald Williams

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

2801 Turtle Creek Blvd Apt 9E Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-19

Full name of contributor out-of-state PAC (ID#: _____)

Linda Cantu

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

304 Lawndale Dr. Richardson TX 75080

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-19

Full name of contributor out-of-state PAC (ID#: _____)

Jonnie England

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2805 Bonnywood Ln, Dallas, TX 75233

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Dr. Elba Garcia 3 Filer ID (Ethics Commission Filers)

4 Date <u>9-04-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lourdes Spinola</u>	7 Amount of contribution (\$) <u>500.⁰⁰</u>
6 Contributor address: City: State; Zip Code <u>4608 Windsor Ridge Dr Irving TX 75038</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>9-06-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric Johnson</u>	Amount of contribution (\$) <u>250.⁰⁰</u>
Contributor address: City: State; Zip Code <u>3525 Turtle Creek Blvd Apt 11A Dallas, TX 75219</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9-06-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephen Smith</u>	Amount of contribution (\$) <u>2500.⁰⁰</u>
Contributor address: City: State; Zip Code <u>200 Wynnwood Village Dallas, TX 75224</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9-06-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dwight Williams</u>	Amount of contribution (\$) <u>100.⁰⁰</u>
Contributor address: City: State; Zip Code <u>9519 Viewside Dr Dallas, TX 75231</u>		

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-05-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Fite</i> 6 Contributor address; City; State; Zip Code <i>1717 Arts Plaza #1907 Dallas 75201</i>	7 Amount of contribution (\$) <i>300.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-05-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anabeli Guevara</i> Contributor address; City; State; Zip Code <i>304 A. Hilltop Ave Richardson TX 75081</i>	Amount of contribution (\$) <i>20.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-05-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elvia Wallace-Martinez</i> Contributor address; City; State; Zip Code <i>4528 Knights Crossing Corral Prairie TX 75052</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-10-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renee Reed</i> Contributor address; City; State; Zip Code <i>610 Kessler Springs Dr Dallas, TX 75208</i>	Amount of contribution (\$) <i>100.00</i>
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Hector M. Flores

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

*1030 Tracy Ave
Duncanville, TX 75137*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

John U. Herrera M.D.

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

*3555 Golfing Green Dr.
Farmers Branch TX 75234*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Laura Sanchez

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

*1514 Cedar Hill Ave
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

George A. Quesada

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

*4523 Bluffview
Dallas, TX 75209*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Masera

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor

Albert J. Gonzalez & Frances M. Gonzalez

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

300.00

6 Contributor address:

*2108 Kessler Ct
Dallas, TX 75208*

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor

Debra Sasso

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address:

*821 Haines Ave
Dallas, TX 75208*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

Delores A. Esparza

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address:

*P.O. Box 56
Red Oak TX 75154*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

Shiva Shirvani

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address:

*1508 Castanck Ln
Plano, TX 75093*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor

out-of-state PAC (ID# _____)

Brian & Helen McGovern

6 Contributor address: City: State: Zip Code

4364 Royal Ridge Dr.
Dallas, TX 75229

7 Amount of contribution (\$)

250.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor

out-of-state PAC (ID# _____)

Rosa Rodriguez or Jame D. Orenstein

Contributor address: City: State: Zip Code

1802 Rocky Creek Dr.
Duncanville, TX 75137

Amount of contribution (\$)

75.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

out-of-state PAC (ID# _____)

John Zacharias

Contributor address: City: State: Zip Code

4572 Arcady Ave
Dallas, TX 75205-

Amount of contribution (\$)

1000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

out-of-state PAC (ID# _____)

Rosario Gallo

Contributor address: City: State: Zip Code

5565 Preston Oaks Rd #146
Dallas, TX 75254

Amount of contribution (\$)

20.⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-10-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paresh B or Maliniben P. Patel.</i> 6 Contributor address; City; State; Zip Code <i>3960 Yogi Weay Irving, TX 75038</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-10-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Macias</i> Contributor address; City; State; Zip Code <i>P.O Box 4813 Dallas, TX 75208</i>	Amount of contribution (\$) <i>50.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-10-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erica Ledford</i> Contributor address; City; State; Zip Code <i>1608 Bob Dr. Royse City, TX 75189</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-10-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Faustino & Olga Soto</i> Contributor address; City; State; Zip Code <i>3409 Hacienda Circle Irving, TX 75062</i>	Amount of contribution (\$) <i>200.⁰⁰</i>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Tennel Atkins Marsden J. Atkins

7 Amount of contribution (\$)

100.00

6 Contributor address: City: State: Zip Code

*2717 Meadow Stone Ln
Dallas, TX 75237*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor

out-of-state PAC (ID#: _____)

Carlos Carpizo Jr

Amount of contribution (\$)

250.00

Contributor address: City: State: Zip Code

*14140 Edgcrest Dr.
Dallas, TX 75254*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

out-of-state PAC (ID#: _____)

Dalia Salinas

Amount of contribution (\$)

200.00

Contributor address: City: State: Zip Code

*639 Harten Cir
Irving, TX 75061*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

out-of-state PAC (ID#: _____)

Roy R. Brauz Susan B. Brauz

Amount of contribution (\$)

100.00

Contributor address: City: State: Zip Code

*3467 Granada Ave
Dallas, TX 75205*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor

Alfonso P. Garza Jr.

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

*11355 Mc Cree Rd.
Dallas, TX 75238*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor

Coats Rose Political Action Committee

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

*9 Greenway Plaza Suite 1100
Houston, TX 77046*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

Link America, LLC

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3,000.00

Contributor address; City; State; Zip Code

*3002 Century Dr.
Fowler TX 75088*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

Hilda Duarte

out-of-state PAC (ID# _____)

Amount of contribution (\$)

60.00

Contributor address; City; State; Zip Code

*3312 Destiny Way
Dallas, TX 75237*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

cash

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME: <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HSVR Innovations LLC.</i>	7 Amount of contribution (\$) <i>500.00</i>
<i>9-10-19</i>	6 Contributor address; City; State; Zip Code <i>7726 Pine St Irving, TX 75063</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Claro E or Hector Hinojosa</i>	Amount of contribution (\$) <i>100.00</i>
<i>9-10-19</i>	Contributor address; City; State; Zip Code <i>928 Sandalwood Ave Richardson, TX 75080</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John F. Boyle Jr.</i>	Amount of contribution (\$) <i>250.00</i>
<i>9-10-19</i>	Contributor address; City; State; Zip Code <i>1718 Cripple Crk Irving, TX 75061</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sushil C. or Sima Patel</i>	Amount of contribution (\$) <i>1000.00</i>
<i>9-10-19</i>	Contributor address; City; State; Zip Code <i>9405 Huston Lane Irving, TX 75063</i>	
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor

Lupe Valdez

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address:

P.O. Box 227501 Dallas, TX 75222

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor

Erin M. Kim - Mathew G. Loh.

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address:

*2625 W. Pioneer Pkwy #812
Grand Prairie, TX 75051*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-12-19

Full name of contributor

Cynthia A. Gonzalez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address:

*2530 Inverness Dr.
Garland, TX 75040*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-12-19

Full name of contributor

Manuel Diaz

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address:

*8100 John W. Carpenter Freeway
Dallas, TX 75209*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Katherine Mc Govern

7 Amount of contribution (\$)

100.00

6 Contributor address: City: State: Zip Code

*4364 Royal Ridge Drive
Dallas TX 75229*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Renato De los Santos Jr.

Amount of contribution (\$)

50.00

Contributor address: City: State: Zip Code

*1310 N. Cockrell Hill Rd # 221
Dallas, TX 75211*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Joseph Dingman

Amount of contribution (\$)

500.00

Contributor address: City: State: Zip Code

*13223 Glad Acres Rd
Farmers Branch TX 75234*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Patricia Marsolais

Amount of contribution (\$)

25.00

Contributor address: City: State: Zip Code

1449 Bella Vista Dr. Dallas, TX 75218

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor

Norma Western

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

628 Centre St Dallas 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor

Douglas Taylor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

*1147 N. Winnetka Ave
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

Mark McPherson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

*246 N Waverly Dr.
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor

John Kincaid

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

*P.O. Box 12026
Dallas, TX 75225*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Nancy Jones

6 Contributor address; City; State; Zip Code

*1821 Piedmont St
Irving TX 75061*

7 Amount of contribution (\$)

50.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Renato De los Santos

Contributor address; City; State; Zip Code

*918 Carnage Way
Dallas, TX Duncanville TX 75137*

Amount of contribution (\$)

25.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

David Luther

Contributor address; City; State; Zip Code

*619 Kessler Springs Ave
Dallas, TX 75208*

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Melinda & Juan Rios Galvan

Contributor address; City; State; Zip Code

*4516 W. Clarendon
Dallas, TX 75211*

Amount of contribution (\$)

25.⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Gloria Rodriguez

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

1630 Glenwick Lane
Irving TX 75060

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-06-19

Full name of contributor out-of-state PAC (ID#: _____)

Janelle Friedman

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

25 Glen Abbey Dr
Dallas, TX 75248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-08-19

Full name of contributor out-of-state PAC (ID#: _____)

Suzanne Buss

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

653 Colpepper Place
Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-04-19

Full name of contributor out-of-state PAC (ID#: _____)

Sylvia Camarillo

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

3 Richmond Court
Mansfield TX 76063

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME: <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-08-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Marquis</i> 6 Contributor address: City: State: Zip Code <i>3110 W. Kiest Blvd. Dallas, TX 75231</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-08-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduardo & Cynthia Martinez</i> Contributor address: City: State: Zip Code <i>3809 Casades Dr McKinney TX 75070</i>	Amount of contribution (\$) <i>200.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-08-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rafael Luna</i> Contributor address: City: State: Zip Code <i>429 Bandera Lane. Sunnyvale TX 75182</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-08-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shirley Miller</i> Contributor address: City: State: Zip Code <i>5701 Trail Meadow Dr. Dallas TX 75230</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-09-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Felix Zamora

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

*4127 Rainsong Dr.
Dallas, TX 75287*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-09-19

Full name of contributor out-of-state PAC (ID#: _____)

Veronica Zamora

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

*4127 Rainsong Dr.
Dallas, TX 75287*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-09-19

Full name of contributor out-of-state PAC (ID#: _____)

Jeff Hurst

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

*222 S. Montclair Ave
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-09-19

Full name of contributor out-of-state PAC (ID#: _____)

Norma Navarro

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

*14650 Landmark Blvd. 1523
Dallas, TX 75234*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-09-19

5 Full name of contributor

Carol Donovan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address:

6509 Malcom Dr Dallas, TX 75214

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-09-19

Full name of contributor

Lois Finkelman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.⁰⁰

Contributor address:

11437 W. Ricks Dallas, TX 75230

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-16-19

Full name of contributor

Alan & Joan Walne

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.⁰⁰

Contributor address:

10020 Caribou Trail Dallas, TX 75238

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-11-19

Full name of contributor

Tom Robles

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.⁰⁰

Contributor address:

3891 N. O'Connor Rd Irving, TX 75062

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Elba Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9-23-19

5 Full name of contributor

out-of-state PAC (ID# _____)

Mr or Mrs Roland Dickey
 Contributor address: *18583 Dallas Parkway Ste 120*
 City: *Dallas* State: *TX* Zip Code: *75287*

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-9-19

Full name of contributor

out-of-state PAC (ID# _____)

Maria G. Dominguez
 Contributor address: *613 Thornwood Trail*
 City: *Grand Prairie* State: *TX* Zip Code: *75052*

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-19

Full name of contributor

out-of-state PAC (ID# _____)

Margaret A. Donnelly PC
 Contributor address: *2638 Valley View Ln*
 City: *Farmers Branch* State: *TX* Zip Code: *75234*

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-11-19

Full name of contributor

out-of-state PAC (ID# _____)

Juanita H. Nanez
 Contributor address: *3842 Medallion Rd*
 City: *Dallas* State: *TX* Zip Code: *75229*

Amount of contribution (\$)

150.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-16-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sylvia Villarreal</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>2523 Cumberland Mesquite, TX 75150</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See 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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME *Dr. Elba Garcia* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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 CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 F1: 2 FILER NAME *Dr. Elba Garcia* 3 Filer ID (Ethics Commission Filers)

4 Date *8-29-19* 5 Payee name *Square Inc.*

6 Amount (\$) *29.30* 7 Payee address; City; State; Zip Code
1455 Market St Suite 600 San Francisco California 94103

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Lottery fee. Fees* (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense *Transaction fees*

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *8-29-19* Payee name *Square Inc.*

Amount (\$) *3.20* Payee address; City; State; Zip Code
1455 Market St. Suite 600 San Francisco California 94103

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Charles Kw Fees* Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense *Transaction Fees*

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date ~~*8/14/19*~~ *9-10-19* Payee name *Event Brite*

Amount (\$) *512.56* Payee address; City; State; Zip Code
155 5th Floor San Francisco, CA 94103

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Rentall Fees* Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-2-19</i>	5 Payee name <i>G.P.F.D. Hearts & Hoses (Grand Prairie Fire Fighters Dept)</i>		
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 541942 Grand Prairie, TX 75054</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution/Donation by office holder.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Sponsorship/recognition.</i>	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>7-9-19</i>	Payee name <i>Rotary Club of Grand Prairie</i>		
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 530182 G.P., TX 75053</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>1st Quarter dues</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>7-23-19</i>	Payee name <i>Irving Hispanic Chamber of Commerce</i>		
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>135 S. Jefferson St Irving, TX 75060</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation by office holder.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Golf classic Hole sponsor</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8-20-19</i>	5 Payee name <i>Oak Cliff Print</i>	
6 Amount (\$) <i>243.56</i>	7 Payee address; City: State: Zip Code <i>716 W. Jefferson Blvd Dallas, TX 75208</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraising invitations</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>8-28-19</i>	Payee name <i>U.S Postal Service</i>	
Amount (\$) <i>275.00</i>	Payee address; City: State: Zip Code <i>612 Centre St Dallas, TX 75208</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>invitation/postage</i>
	Candidate / Officeholder name Office sought Office held	
Date <i>9-03-19</i>	Payee name <i>Print House</i>	
Amount (\$) <i>100.00</i>	Payee address; City: State: Zip Code <i>8245 Preston Rd. #300 Plano, TX 75024</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>invitations</i>
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 F1	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-9-19</i>	5 Payee name <i>Irving - Carrollton Branch NAACP</i>	
6 Amount (\$) <i>125.00</i>	7 Payee address; City: State: Zip Code <i>P.O. Box 166253 Irving, TX 75016</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Full Page Ad.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9-9-19</i>	Payee name <i>EleHore, Inc.</i>	
Amount (\$) <i>2,958.32</i>	Payee address; City: State: Zip Code <i>P.O. Box 222195 Dallas, TX 75222</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Maintenance - May - June - July & August</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9-10-19</i>	Payee name <i>Gloria James</i>	
Amount (\$) <i>100.00</i>	Payee address; City: State: Zip Code <i>7341 Charles Ct. Dallas, TX 75214</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Flowers</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-18-19</i>	5 Payee name <i>Silvia Villarreal</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>2523 Cumberland Mesquite, TX 75150</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Returned contribution</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-09-19</i>	Payee name <i>Rotary Club of Grand Prairie</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 530182 Grand Prairie, TX 75053</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>2nd Q - dues</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-10-11</i>	Payee name <i>Chic Bakery</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>238 Sunset Ave Dallas, TX 75208</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cake Black & white Gala J.C. Zaragoza</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|--------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Civil/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-16-19</i>	5 Payee name <i>ellettore, Inc -</i>	
6 Amount (\$) <i>739.58</i>	7 Payee address: City: State: Zip Code <i>P.O Box 222 L95 Dallas, TX 75222</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>web site maintain final agreement</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-16-19</i>	Payee name <i>The Dallas Assembly</i>	
Amount (\$) <i>60.00</i>	Payee address: City: State: Zip Code <i>12900 Preston Rd Suite 1210 Dallas, TX 75230</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>luncheon ticket</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-29-19</i>	Payee name <i>Fiesta Mart #29</i>	
Amount (\$) <i>42.68</i>	Payee address: City: State: Zip Code <i>611 W. Jefferson Dallas, TX 75208</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Halloween cake walk</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-6-19</i>	5 Payee name <i>Kyle Towb</i>	
6 Amount (\$) <i>800.00</i>	7 Payee address: City: State: Zip Code <i>11930 Brookmeadow Lane, Dallas, TX 75210</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>web site maintenance</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-4-19</i>	Payee name <i>Kyle Towb</i>	
Amount (\$) <i>800.00</i>	Payee address: City: State: Zip Code <i>11930 Brookmeadow Ln, Dallas, TX 75218</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>web site maintenance</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-4-19</i>	Payee name <i>Grand Prairie Citizen Police Academy ALUMNI</i>	
Amount (\$) <i>30.00</i>	Payee address: City: State: Zip Code <i>2580 W. Camp Wisdom Rd, Suite 100, 75052</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation by</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Sponsor officer dinner.</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 F1: _____		2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers) _____	
4 Date <i>12-6-19</i>		5 Payee name <i>Asociacion de Empresarios Mexicanos (AEM)</i>			
6 Amount (\$) <i>300.00</i>		7 Payee address; City: State: Zip Code <i>8930 Worzbach Rd Suite 100 San Antonio</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Awards luncheon Annual Entrepreneur</i>		
	9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <i>12-8-19</i>		Payee name <i>Tom Thurnt</i>			
Amount (\$) <i>150.17</i>		Payee address; City: State: Zip Code <i>315 S. Hampton, Dallas, TX 75211</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Turkeys and Hams For Seniors</i>		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <i>12-13-19</i>		Payee name <i>9 Rabbits Bakery</i>			
Amount (\$) <i>440.00</i>		Payee address; City: State: Zip Code <i>2546 Royal Ln Dallas, TX 75229</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food - Gifts Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>x-mas gifts for employees. (cookies)</i>		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-17-19</i>	5 Payee name <i>CVS</i>		
6 Amount (\$) <i>88.00</i>	7 Payee address; City; State; Zip Code <i>1001 Ross Ave 112 Dallas, TX 75202</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / gift cards</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation to Love Field West neighborhood Assoc & gift for Departments</i>	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>12-17-19</i>	Payee name <i>Lara Advertising</i>		
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>9600 Royal Ln # 713 Dallas, TX 75243</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Pictures</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>12-17-19</i>	Payee name <i>Michelle Love</i>		
Amount (\$) <i>475.00</i>	Payee address; City; State; Zip Code <i>1515 Hudson Dallas, TX 75206</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>fundraiser</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 F1:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-19-19</i>	5 Payee name <i>American Institute of Diversity & Commerce</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City: State: Zip Code <i>P.O. Box 1000 McKinney, TX 75072</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution / Donation by officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>12-19-19</i>	Payee name <i>Victor Arias</i>
Amount (\$) <i>200.00</i>	Payee address; City: State: Zip Code <i>5605 N. MacArthur Blvd. Irving, TX 75038</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Catholic Foundation</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
Amount (\$)	Payee address; City: State: Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, 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 NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
---------------	------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 COPIES OF THIS SCHEDULE AS NEEDED

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	<i>Dr. Elba Garcia</i>	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 SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
---------------	------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 G:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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:	2 FILER NAME <i>Dr. Elba Garcia</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	--	---------------------------------------

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address; City; State; Zip Code
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Dr. Elba Garcia</i>	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 (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.)

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 COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

D. Elba Garcea

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

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 political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned 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:
2 FILER NAME <i>Dr. Elba Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		