STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

			T. Filor ID		Total pages file	
The SC C/OH Instruction G	Guide explains how to complete	this form.	1 Filer ID (Ethics Commission Filers)		2 Total pages file	
			00082473		5	1
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE I	JSE ONLY
NAME	Mrs.	Adrienne				
					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Garza				
					Site Head delivered or	S. C. Destroyled
4 CANDIDATE	ADDRESS / PO BOX; AP1	T / QI IITE #· (CITY; STATE; ZIP COD	\ <u></u>	Date Hand-delivered or	Date Postmarked
ADDRESS		1/3011E#, C	JIII, SIMIE, ZIF COD	<u>'</u> ⊑		T. ,
	1800 Angelina Marie				Receipt #	Amount
					<u> </u>	
Change of Address	Pharr, TX 78577				Date Processed	
Change of Address						
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		 _	MI	
TREASURER	Mr.	Joacim				
NAME						
	NICKNAME	LAST			SUFFIX	
	I WORW WILL	Hernandez			301117	
		Пентапись				
6 CAMPAIGN	STREET ADDRESS (NO PC	D DOV DI EASE	\. ADT / QLIITE #:	CITY;	STATE;	ZIP CODE
TREASURER		J BUA FLLAGE,), API/3011E#,	CITT,	JIAIL,	ZIF CODE
ADDRESS	2112 Dartmouth Ave.					
(Residence or Business)						
,	McAllen, TX 78504					
7 CAMPAIGN	ADEA CODE	DUONE	AU IMADED		TYTENCION	
TREASURER	AREA CODE	PHONE	NUMBER		EXTENSION	
PHONE	(956) 789-4778					
8 REPORT TYPE						
8 KEPUKITIFE	January 15	30th da	ay before convention / election	on [Runoff	
	"	ш		-		
	X July 15	8th day	before convention / election	۱ [Final report (A	ttach SC C/OH-FR)
	—			_		
9 PERIOD	Month Day Y	′ear			Month D	Day Year
COVERED	01/01/2023		THROUGH			0/2023
	01/01/2020				00,0	J12023
40 CONVENTION /	Month Day V	/×	11 OFFICE			
10 CONVENTION / ELECTION DATE	1	'ear	SOUGHT		STATE CHAIL	R
	03/05/2024				X COUNTY CH.	AIR
12 POLITICAL	Republican			NTY (If Applica	ıble)	
PARTY			Hidal	go		
		GO	TO PAGE 2			

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 5

13 CANDIDATE NAME Garza, Adrienne (Mrs.) 14 Filer ID 000824			`	ommission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TI	REASURER NAME		
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS		
16 CONTRIBUTION TOTALS			TIONS (OTHER THAN PLEDGE BUTIONS MADE ELECTRONICA		0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	48.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			S \$	1,835.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
17 AFFADAVIT		true and c	r affirm, under penalty of perjury, orrect and includes all informatio e 15, Election Code.		
			Mrs. Adrienne	Garza	
			Signature of Ca	ndidate	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this th	e	day
of	, 20, to ce	ertify which, witness my hand a	and seal of office.		
Olam in the first	and the late of th	District of the Control of the Contr	- distribution and		- vice a setti
Signature of office	cer administering oath	Printed name of officer a	administering oath T	itle of officer administ	ering oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

3 of 5					
18 CANDIDATE NAME Garza, Adrienne (Mrs.) 19 Filer ID (Ethics Commission Filers) 00082473					
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. SCHEDULE A1: M	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2. SCHEDULE A2: N	ON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PL	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LO	ANS		\$		
5. X SCHEDULE F1: P0	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 48.00		
6. SCHEDULE F2: U	NPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PI	URCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$		
8. SCHEDULE F4: E:	XPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: PC	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10. SCHEDULE H: PA	YMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH	\$		
11. SCHEDULE I: NON	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$		
12. SCHEDULE K: INT TO FILER	EREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/5	Garza, Adrienne (Mrs.)		00082473
4	Date	5 Payee name		•
	01/31/2023	Texas Regional Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$8.00	1801 S McColl Rd		
		Ma Allera TV 70501		
Ļ		McAllen, TX 78501	las	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, loosanting, banking		Check if Austin, TX, officeholder living expense
				Service Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ıaht	Office held
9	expenditure to benefit C/OI		ugni	Office field
⊨	Date	Payee name		
	02/28/2023	Texas Regional Bank		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$8.00	1801 S McColl Rd		
		McAllen, TX 78501		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Service Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
L	experientare to benefit 6/61	'		
	Date	Payee name		
	03/31/2023	Texas Regional Bank	odo.	
	Amount (\$) \$8.00	Payee address; City; State; Zip Co 1801 S McColl Rd	oue	
	Ψ0.00	1001 0 10100011 (10		
		McAllen, TX 78501		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking	`	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense Service Fee
				OCIVIDE I CC
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	1		
_				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 5/5	Garza, Adrienne (Mrs.)	00082473
4	Date	5 Payee name	•
	04/30/2023	Texas Regional Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.00	1801 S McColl Rd	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Service Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Date	Payee name	
	05/31/2023	Texas Regional Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.00	1801 S McColl Rd	
		McAllen, TX 78501	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/30/2023	Texas Regional Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.00	1801 S McColl Rd	
		McAllen, TX 78501	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	7.000anung/2anung	Check if Austin, TX, officeholder living expense
			Service Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft C/OI		