### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

| The JC/OH Instructior   | n Guide explains how to co | mplete this form. | 1 Filer ID<br>(Ethics Commission<br>00059984 | Filers)        | 2 Total pages f                       | iiled:<br>12         |  |  |
|-------------------------|----------------------------|-------------------|--|----------------|---------------------------------------|----------------------|--|--|
| 3 CANDIDATE /           | MS / MRS / MR              | FIRST             |  | MI             | · · · · · · · · · · · · · · · · · · · |                      |  |  |
| OFFICEHOLDER            | The Honorable              | Jose Luis         |  |                |                                       | USE ONLY             |  |  |
| NAME                    | The Honorable              | JUSE LUIS         |  |                | Date Received                         |                      |  |  |
|                         |                            |                   |  |                | ELECTRONIC                            | ALLY FILED           |  |  |
|                         | NICKNAME                   | LAST              |  | SUFFIX         | 01/08/2025                            |                      |  |  |
|                         |                            | Garza             |  | SOLLIX         |                                       |                      |  |  |
|                         |                            | Gaiza             |  |                |                                       |                      |  |  |
| 4 CANDIDATE /           | ADDRESS / PO BOX; AI       | PT / SUITE #; CIT | Y;   | ZIP CODE       | Date Hand-delivered                   | or Date Postmarked   |  |  |
| OFFICEHOLDER            | 620 N. Flores, Ste. A      |                   |  |                |                                       |                      |  |  |
| MAILING<br>ADDRESS      |                            |                   |  |                | Receipt #                             | Amount               |  |  |
| I                       |                            |                   |  |                |                                       |                      |  |  |
| Change of Address       | Rio Grande City, TX 78     | 582               |  |                | Date Processed                        |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                | Date Imaged                           |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
| 5 CAMPAIGN              | MS/MRS/MR                  | FIRST             |  |                | MI                                    |                      |  |  |
| TREASURER               |                            |                   |  |                |                                       |                      |  |  |
| NAME                    | Mrs.                       | Imelda Solis      |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         | NICKNAME                   | LAST              |  |                | SUFFIX                                |                      |  |  |
|                         |                            | Garza             |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
| 6 CAMPAIGN              |                            |                   |  | UITE #; CITY;  |                                       | ATE; ZIP CODE        |  |  |
| TREASURER               | STREET ADDRESS (NO F       | O BOX PLEASE),    | APT / S                                      | UITE#, CITY,   | 51                                    | ATE, ZIP CODE        |  |  |
| ADDRESS                 | 620 N. Flores, Ste. A      |                   |  |                |                                       |                      |  |  |
| (Basidanaa ar Businasa) |                            |                   |  |                |                                       |                      |  |  |
| (Residence or Business) | Rio Grande City, TX 78     | 582               |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
| 7 CAMPAIGN              | AREA CODE PH               | ONE NUMBER        | EXTENSION                                    |                |                                       |                      |  |  |
| TREASURER               | (956) 735-1617             |                   |  |                |                                       |                      |  |  |
| PHONE                   | (950) 755-1017             |                   |  |                |                                       |                      |  |  |
| 8 REPORT                |                            |                   |  |                |                                       |                      |  |  |
| TYPE                    | X January 15               | 30th day before   | e election 🔲 Run                             | off 🗖          | 15th day after o                      | ampaign treasurer    |  |  |
|                         | X January 15               |                   |  |                | appointment (of                       |                      |  |  |
|                         | July 15                    | 8th day before    | election Exc                                 | eeded modified | Final Report (At                      | tach C/OH-FR)        |  |  |
|                         |                            |                   |  | orting limit   |                                       | ,                    |  |  |
| 9 PERIOD                | Month Day Yea              | r                 |  | Month Day      | Year                                  |                      |  |  |
| COVERED                 | · · ·                      |                   | IROUGH                                       | ,              |                                       |                      |  |  |
| 0012.125                | 07/01/2024                 | IF                | IROUGH                                       | 12/31/2024     | 4                                     |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
| 10 ELECTION             | ELECTION DATE              |                   | E  | LECTION TYPE   |                                       |                      |  |  |
|                         | Month Day Yea              | r   🗖 P           | rimary                                       | Runoff         | Other                                 |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         |                            |                   | seneral                                      | Special        |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
| 11 OFFICE               | OFFICE HELD (if any)       |                   | 12   | OFFICE SOUGHT  | (if known)                            |                      |  |  |
|                         | District Judge District 38 | 31 Starr          |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         |                            |                   |  |                |                                       |                      |  |  |
|                         | GO TO PAGE 2               |                   |  |                |                                       |                      |  |  |
| Forms provided by Ta    | exas Ethics Commission     | 1404041 0+        | hics.state.tx.us                             |                | Vara                                  | ion V4.1.0.5dd2ace2  |  |  |
| i onno provided by Te   |                            | vvvvv.et          | 1103.31016.17.03                             |                | veis                                  | IOIT V4.1.0.JUUZALEZ |  |  |

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 12

I

| 13 C / OH NAME                                 | Garza, Jose Luis (Th             | e Honorable)  | <b>14</b> Filer ID<br>00059984  | (Ethics Co          | mmission Filers) |
|--|----------------------------------|---|---|---------------------|------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or p<br>These expenditures may have been<br>officeholders are required to repo | en made without the candidate's c   | or officeholder's k | nowledge or      |
| Additional Pages                               |                                  |   |   |                     |                  |
|  | GENERAL                          | COMMITTEE ADDRESS   |   |                     |                  |
|  | SPECIFIC                         |   |   |                     |                  |
|  |                                  | COMMITTEE CAMPAIGN TREA   | SURER NAME  |                     |                  |
|  |                                  | COMMITTEE CAMPAIGN TREA   | SURER ADDRESS   |                     |                  |
|  |                                  |   |   |                     |                  |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | I<br>ZED POLITICAL CONTRIBUTION<br>ES OF LOANS, OR CONTRIBUTI   |   |                     | 0.00             |
|  |                                  | ICAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARAN   |   | \$                  | 0.00             |
| EXPENDITURE<br>TOTALS                          | · ·                              | IZED POLITICAL EXPENDITURE  | \$  | 0.00                |                  |
|  | 4. TOTAL POLIT                   | ICAL EXPENDITURES   |   | \$                  | 15,285.55        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINE  | ED AS OF THE LAST DAY OF TH   | <sup>HE</sup> \$    | 115,855.34       |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANE<br>TING PERIOD  | DING LOANS AS OF THE LAST [   | DAY \$              | 0.00             |
| 17 AFFIDAVIT                                   |                                  |   |   |                     |                  |
|  |                                  | true and corre  | rm, under penalty of perjury, that<br>ct and includes all information rec<br>, Election Code. |                     |                  |
|  |                                  |   | The Honorable Jose Lui  | s Garza             |                  |
|  |                                  |   | Signature of Candidate or Of  | fficeholder         |                  |
| AFFIX NC                                       | TARY STAMP / SEAL AB             | OVE   |   |                     |                  |
|  |                                  | aid   |   |                     | day              |
| of   | , 20, to c                       | ertify which, witness my hand and a   | seal of office.   |                     |                  |
| Signature of off                               | icer administering oath          | Printed name of officer admi  | nistering oath Title of   | f officer administe | ering oath       |
| Forms provided by Te                           | exas Ethics Commissior           | www.ethics.state.t  | x.us  | Version \           | /4.1.0.5dd2ace2  |

### FORM JC/OH COVER SHEET PG 3

| 3 UI 12 |
|---------|
|---------|

| 18 FILER NAME  | (Ethics Commission Filers)                         |                     |  |  |  |  |  |  |
|--|--|---------------------|--|--|--|--|--|--|
| Garza, Jose Luis (The Honorable)   | 00059984   |                     |  |  |  |  |  |  |
| 20 SCHEDULE SUBTOTALS  |  | SUBTOTAL AMOUNT     |  |  |  |  |  |  |
| NAME OF SCHEDULE   |  | SUBTOTAL AMOUNT     |  |  |  |  |  |  |
| 1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                     | \$   |                     |  |  |  |  |  |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                     | \$   |                     |  |  |  |  |  |  |
| 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                 | 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) |                     |  |  |  |  |  |  |
| 4. SCHEDULE E(J): LOANS (JUDICIAL)   |  | \$                  |  |  |  |  |  |  |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION               | ١S   | <b>\$</b> 15,285.55 |  |  |  |  |  |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$                  |  |  |  |  |  |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT                   | IONS   | \$                  |  |  |  |  |  |  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                   |  | \$                  |  |  |  |  |  |  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                          |  | \$                  |  |  |  |  |  |  |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                 | S OF C/OH  | \$                  |  |  |  |  |  |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT                | IONS   | \$                  |  |  |  |  |  |  |
| 12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS<br>TO FILER | RETURNED   | <b>\$</b> 616.68    |  |  |  |  |  |  |
|  |  |                     |  |  |  |  |  |  |

SUBTOTALS - JC/OH

|   |   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |
|---|---|--|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2 FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)  |
|   | Sch: 1/7 Rpt: 4/12  | Garza, Jose Luis (The Honorable)   | 00059984  |
| 4 | Date<br>11/14/2024  | 5 Payee name<br>229th Dist. Attorney   |   |
| 6 | Amount (\$)<br>\$300.00   | 7 Payee address; City; State; Zip Code<br>401 N Britton Ave<br>Rio Grande City, TX 78582 |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |
|   | Date  | Payee name   |   |
|   | 11/29/2024  | Cautino, Rafael  |   |
|   | Amount (\$)<br>\$300.00   | Payee address; City; State; Zip Code<br>1776 Austin St                                   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |
|   | Date  | Payee name   |   |
|   | 12/02/2024  | City Aadvantage  |   |
|   | Amount (\$)<br>\$559.48   | Payee address; City; State; Zip Code<br>Box 6500   |   |
|   |   | Sioux Falls, SD 57117  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
| L | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought  | Office held   |
|   |   |  |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |   |                                   |   |   |   |   |
|---|---|-----|---|-----------------------------------|---|---|---|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense     | Loa<br>Offi<br>Pol<br>Prir<br>Sal | an Repay<br>ice Overh<br>ling Expe<br>nting Exp<br>aries/Wa | ment/Reimbursement<br>ead/Rental Expense<br>nse<br>ense<br>ges/Contract Labor |   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME  |                                   |   |   | 3 | Filer ID (Ethics Commission Filers)   |
|   | Sch: 2/7 Rpt: 5/12  |     | Garza, Jose Luis (The Honorable)  |                                   |   |   |   | 00059984  |
| 4 | Date<br>11/20/2024  | 5   | Payee name<br>H E B   |                                   |   |   |   |   |
| 6 | Amount (\$)<br>\$501.38   |     | Payee address; City; St<br>4031 East Hwy. 83<br>Rio Grande City, TX 78582           | ate; Zi                           | p Cod   | e   |   |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed at the top of this<br>Food/Beverage Expense         | schedule                          | ) (   |   |   | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | andidate/Officeholder name  | Office                            | e soug  | nt  |   | Office held   |
|   | Date  |     | Payee name  |                                   |   |   |   |   |
|   | 11/20/2024  |     | HEB   |                                   |   |   |   |   |
|   | Amount (\$)<br>\$104.69   |     | 4031 East Hwy. 83   | ate; Zi                           | p Cod   | e   |   |   |
|   |   |     | Rio Grande City, TX 78582   |                                   |   |   |   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed at the top of this<br>Gift/Awards/Memorials Expense | schedule                          | ) (   |   |   | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   | Complete ONLY if direct expenditure to benefit C/OF   |     | andidate/Officeholder name  | Office                            | e soug  | nt  |   | Office held   |
|   | Date  |     | Payee name  |                                   |   |   |   |   |
|   | 10/24/2024  |     | Juan Diego Academy  |                                   |   |   |   |   |
|   | Amount (\$)<br>\$750.00   |     | Payee address; City; St<br>5208 S Farm to Market 494                                | ate; Zi                           | p Cod   | e   |   |   |
|   |   |     | Mission, TX 78572   |                                   | i   |   |   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  |     | Category (See Categories listed at the top of this Advertising Expense              | schedule                          | ) (   |   |   | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | andidate/Officeholder name  | Office                            | e soug  | nt  |   | Office held   |
|   |   |     |   |                                   |   |   |   |   |

|   |   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |
|---|---|---|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 3/7 Rpt: 6/12  | Garza, Jose Luis (The Honorable)  | 00059984  |
| 4 | Date<br>10/17/2024  | 5 Payee name<br>Patricio Hernandez  |   |
| 6 | Amount (\$)<br>\$500.00   | 7 Payee address; City; State; Zip Code<br>505 E Main St<br>Rio Grande City , TX 78582 |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | Candidate/Officeholder/Political Committee  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>Democratic party  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | Candidate/Officeholder name Office sought   | Office held   |
|   | Date  | Payee name  |   |
|   | 07/01/2024  | Slate/Chase Visa  |   |
|   | Amount (\$)<br>\$689.13   | Payee address; City; State; Zip Code<br>P O Box 6294                                  |   |
|   |   | Carol Stream, IL 60197-6294   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | utside of Texas. Complete Schedule T.<br>FX, officeholder living expense  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held   |
|   | Date  | Payee name  |   |
|   | 07/08/2024  | Slate/Chase Visa  |   |
|   | Amount (\$)<br>\$2,220.51   | Payee address; City; State; Zip Code<br>P O Box 6294                                  |   |
|   |   | Carol Stream, IL 60197-6294   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
|   | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought   | Office held   |
|   |   |   |   |

|   |   |               | EXPENDITURE C  | ATEGO         | RIES FOR   | BOX 8(a)                     |        |   |
|---|---|---------------|--|---------------|--|------------------------------|--------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>Il Con | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expe<br>Inmittee Legal Services<br>The Instruction Guide |               | Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor |        | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2             | FILER NAME   |               |  |                              | 3      | Filer ID (Ethics Commission Filers)   |
|   | Sch: 4/7 Rpt: 7/12  |               | Garza, Jose Luis (The Honoral  | ole)          |  |                              |        | 00059984  |
| 4 | Date  | 5             | Payee name   |               |  |                              |        |   |
|   | 08/13/2024  |               | Slate/Chase Visa   |               |  |                              |        |   |
| 6 | Amount (\$)   | 7             | Payee address; City;   | State;        | Zip Co   | de                           |        |   |
|   | \$666.48  |               | P O Box 6294   |               |  |                              |        |   |
|   |   |               |  |               |  |                              |        |   |
|   |   |               | Carol Stream, IL 60197-6294  |               |  |                              |        |   |
| 8 | PURPOSE   | (a)           | Category (See Categories listed at the top   | o of this sch | odulo)   | (b) Description              |        |   |
| - | OF  |               | Travel Out of District   |               | euule)   |                              | outsi  | ide of Texas. Complete Schedule T.  |
|   | EXPENDITURE   |               |  |               |  | Check if Austin              | , TX,  | , officeholder living expense   |
|   |   |               |  |               |  | ck 322                       |        |   |
|   |   |               |  |               |  |                              |        |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |               | andidate/Officeholder name   | С             | Office sou   | Jht                          |        | Office held   |
|   | Date  |               | Payee name   |               |  |                              |        |   |
|   | 09/09/2024  |               | Slate/Chase Visa   |               |  |                              |        |   |
|   | Amount (\$)   |               | Payee address; City;   | State:        | Zip Co   | de                           |        |   |
|   | \$206.95  |               | P O Box 6294   |               | •  |                              |        |   |
|   |   |               |  |               |  |                              |        |   |
|   |   |               | Carol Stream, IL 60197-6294  |               |  |                              |        |   |
|   | PURPOSE<br>OF   | (a)           | Category (See Categories listed at the top   | p of this sch | edule)   | (b) Description              | outoi  | ide of Toylog, Complete Cabadyle T  |
|   | EXPENDITURE   |               | Travel In District   |               |  |                              |        | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   |   |               |  |               |  | ск 324                       |        |   |
|   |   |               |  |               |  |                              |        |   |
|   | Complete ONLY if direct   | <u>с</u>      | andidate/Officeholder name   | C             | Diffice sou  | aht                          |        | Office held   |
|   | expenditure to benefit C/OI   | H             |  |               |  |                              |        |   |
| - | Date  |               | Pavee name   |               |  |                              |        |   |
|   | 10/15/2024  |               | Slate/Chase Visa   |               |  |                              |        |   |
|   |   |               |  | Stata:        | Zip Co   | 10                           |        |   |
|   | Amount (\$)<br>\$292.27   |               | Payee address; City;<br>P O Box 6294   | State,        | zip co   | le                           |        |   |
|   | ΦΖ9Ζ.Ζ1   |               | P O D0X 0294   |               |  |                              |        |   |
|   |   |               | Carol Stroom II 60107 6204   |               |  |                              |        |   |
|   |   |               | Carol Stream, IL 60197-6294  |               | r  |                              |        |   |
|   | PURPOSE<br>OF   |               | Category (See Categories listed at the top   | p of this sch | edule)   | (b) Description              | outoi  | ide of Toylog, Complete Cabadyle T  |
|   | EXPENDITURE   |               | Travel In District   |               |  |                              |        | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   |   |               |  |               |  | ck 325                       | , 173, | , onceroider iving expense  |
|   |   |               |  |               |  |                              |        |   |
| - | Complete ONLY if direct   | <u>ر</u>      | andidate/Officeholder name   | ſ             | Office sou   | nht                          |        | Office held   |
|   | expenditure to benefit C/OF   |               |  |               |  | ,                            |        | 0   |
| - |   |               |  |               |  |                              |        |   |
|   |   |               |  |               |  |                              |        |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |               |  |   |                                   |                        |       |   |
|---|---|---------------|--|---|-----------------------------------|------------------------|-------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>al Cor | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>nmittee Legal Services<br>The Instruction Guide explain | Office Ov<br>Polling Ex<br>Printing E<br>Salaries/V | erhea<br>kpense<br>xpens<br>Vages | se<br>s/Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2             | FILER NAME   |   |                                   |                        | 3     | Filer ID (Ethics Commission Filers)   |
|   | Sch: 5/7 Rpt: 8/12  |               | Garza, Jose Luis (The Honorable)   |   |                                   |                        |       | 00059984  |
| 4 | Date  | 5             | Payee name   |   |                                   |                        |       |   |
|   | 10/31/2024  |               | Slate/Chase Visa   |   |                                   |                        |       |   |
| 6 | Amount (\$)   | 7             | <b>,</b>   | e; Zip Co   | ode                               |                        |       |   |
|   | \$703.02  |               | P O Box 6294   |   |                                   |                        |       |   |
|   |   |               |  |   |                                   |                        |       |   |
|   |   |               | Carol Stream, IL 60197-6294  |   |                                   |                        |       |   |
| 8 | PURPOSE   | (a)           | Category (See Categories listed at the top of this s   | chedule)  | (b)                               | Description            |       |   |
|   | OF<br>EXPENDITURE   |               | Travel In District   |   |                                   |                        |       | ide of Texas. Complete Schedule T.  |
|   |   |               |  |   |                                   | Check if Austin        | , TX, | , officeholder living expense   |
|   |   |               |  |   |                                   | CK 332                 |       |   |
| 9 | Complete ONLY if direct   |               | Candidate/Officeholder name  | Office sou  | Iaht                              |                        |       | Office held   |
| Ũ | expenditure to benefit C/OI   |               |  | 011100 000  | igin                              |                        |       |   |
|   | Date  |               |  |   |                                   |                        |       |   |
|   | 07/08/2024  |               | Payee name<br>Specks   |   |                                   |                        |       |   |
|   |   |               | •  | 7:- 0   |                                   |                        |       |   |
|   | Amount (\$)   |               |  | e; Zip Co   | ode                               |                        |       |   |
|   | \$591.64 7700 N 10th St., Unit C  |               |  |   |                                   |                        |       |   |
|   |   |               | Mcallen, TX 78504  |   |                                   |                        |       |   |
|   | PURPOSE   | (a)           | Category (See Categories listed at the top of this s   | chedule)  | (b)                               | Description            |       |   |
|   | OF<br>EXPENDITURE   |               | Food/Beverage Expense  |   |                                   |                        |       | ide of Texas. Complete Schedule T.  |
|   |   |               |  |   |                                   |                        | , TX, | , officeholder living expense   |
|   |   |               |  |   |                                   | IUNCUUN                |       |   |
|   | Complete ONLY if direct   |               | Candidate/Officeholder name  | Office sou  | ught.                             |                        |       | Office held   |
|   | expenditure to benefit C/OI   |               |  | Onice Sol   | igin                              |                        |       | Onice field   |
| _ | Data  | _             |  |   |                                   |                        |       |   |
|   | Date<br>10/04/2024  |               | Payee name<br>Starr CSCD   |   |                                   |                        |       |   |
|   |   |               |  | 7:- 0   |                                   |                        |       |   |
|   | Amount (\$)<br>\$500.00   |               | Payee address; City; Stat<br>107 E. 5th St.  | e; Zip Co   | bae                               |                        |       |   |
|   | φουυ.υυ   |               | 107 E. 501 St.   |   |                                   |                        |       |   |
|   |   |               | Rio Grande City, TX 78582  |   |                                   |                        |       |   |
|   | BUBBOCE   |               | -  |   | (1-)                              | <u> </u>               |       |   |
|   | PURPOSE<br>OF   | (a)           | Category (See Categories listed at the top of this s   | chedule)  | (0)                               | Description            | outsi | ide of Texas. Complete Schedule T.  |
|   | EXPENDITURE   |               | Advertising Expense  |   |                                   |                        |       | , officeholder living expense   |
|   |   |               |  |   | 1                                 | ck 327                 |       |   |
|   |   |               |  |   |                                   |                        |       |   |
|   | Complete ONLY if direct   |               | Candidate/Officeholder name  | Office sou  | ight                              |                        |       | Office held   |
|   | expenditure to benefit C/OI   | Η             |  |   |                                   |                        |       |   |
|   |   |               |  |   |                                   |                        |       |   |
|   |   |               |  |   |                                   |                        |       |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |               |   |  |                                   |                      |       |   |
|---|---|---------------|---|--|-----------------------------------|----------------------|-------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>Il Cor | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains | Office Ove<br>Polling Ex<br>Printing E<br>Salaries/V | erhead<br>pense<br>xpens<br>Vages | e<br>/Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2             | FILER NAME  |  |                                   |                      | 3     | Filer ID (Ethics Commission Filers)   |
|   | Sch: 6/7 Rpt: 9/12  |               | Garza, Jose Luis (The Honorable)  |  |                                   |                      |       | 00059984  |
| 4 | Date  | 5             | Payee name  |  |                                   |                      |       |   |
|   | 07/15/2024  |               | Starr county town crier   |  |                                   |                      |       |   |
| 6 | Amount (\$)   | 7             | Payee address; City; State  | ; Zip Co   | ode                               |                      |       |   |
|   | \$1,950.00  |               | 216 Norris dr   |  |                                   |                      |       |   |
|   |   |               |   |  |                                   |                      |       |   |
|   |   |               | Rio grande city, TX 78582   |  |                                   |                      |       |   |
| 8 | PURPOSE   | (a)           | Category (See Categories listed at the top of this sch  | nedule)  | (b)                               | Description          |       |   |
|   | OF  |               | Advertising Expense   | iouuloy  |                                   | <u> </u>             | outsi | ide of Texas. Complete Schedule T.  |
|   | EXPENDITURE   |               |   |  |                                   |                      | , TX, | , officeholder living expense   |
|   |   |               |   |  |                                   | ck 320               |       |   |
|   |   |               |   |  |                                   |                      |       |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |               | Candidate/Officeholder name   | Office sou   | ight                              |                      |       | Office held   |
|   | Date  |               | Payee name  |  |                                   |                      |       |   |
|   | 10/04/2024  |               | Starr county town crier   |  |                                   |                      |       |   |
|   | Amount (\$)   |               | -   | ; Zip Co   | aha                               |                      |       |   |
|   | \$800.00  |               | 216 Norris dr   | , zip co   | Jue                               |                      |       |   |
|   | Φ000.00   |               |   |  |                                   |                      |       |   |
|   |   |               | Rio grande city, TX 78582   |  |                                   |                      |       |   |
|   | PURPOSE   | (a)           | Category (See Categories listed at the top of this sch  | nedule)  | (b)                               | Description          |       |   |
|   | OF<br>EXPENDITURE   |               | Advertising Expense   |  |                                   |                      |       | ide of Texas. Complete Schedule T.  |
|   |   |               |   |  |                                   | ck 328               | , IX, | , officeholder living expense   |
|   |   |               |   |  |                                   | UK 320               |       |   |
|   | Complete ONIL V if direct   |               | Candidate/Officeholder name   | Office sou   | abt                               |                      |       | Office held   |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |               |   | JIICE SOU  | iyin                              |                      |       | Once neid   |
| _ | Date  |               | <b>D</b>  |  |                                   |                      |       |   |
|   | 12/11/2024  |               | Payee name<br>Starr county town crier   |  |                                   |                      |       |   |
|   |   |               |   | . 7:0 00   |                                   |                      |       |   |
|   | Amount (\$)   |               |   | ; Zip Co   | bae                               |                      |       |   |
|   | \$3,450.00  |               | 216 Norris dr   |  |                                   |                      |       |   |
|   |   |               |   |  |                                   |                      |       |   |
|   |   |               | Rio grande city, TX 78582   |  |                                   |                      |       |   |
|   | PURPOSE<br>OF   |               | Category (See Categories listed at the top of this sch  | nedule)  | (b)                               | Description          |       |   |
|   | EXPENDITURE   |               | Advertising Expense   |  |                                   |                      |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   |   |               |   |  |                                   | ck # 339             | , 17, |   |
|   |   |               |   |  |                                   |                      |       |   |
| - | Complete ONLY if direct   | <u>ر</u>      | Candidate/Officeholder name   | Office sou   | l<br>Iaht                         |                      |       | Office held   |
|   | expenditure to benefit C/OF   |               |   | 5000 300   | gint                              |                      |       |   |
| - |   |               |   |  |                                   |                      |       |   |
|   |   |               |   |  |                                   |                      |       |   |

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                             | EXPENDITURE CATEGO<br>Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explain | Loan Repaymer<br>Office Overheac<br>Polling Expense<br>Printing Expense<br>Salaries/Wages | t/Reimbursement<br>/Rental Expense<br>e<br>Contract Labor | Travel in District<br>Travel Out of Dis        | quipment & Related Expense |
|---|---|-----------------------------|--|---|---|--|----------------------------|
|   | Tatal same Oak adula 51   |                             |  |   |   | Eller ID                                       |                            |
| 1 | Total pages Schedule F1:<br>Sch: 7/7 Rpt: 10/12   |                             | ⊢<br>e Luis (The Honorable)  |   | 3   | Filer ID<br>00059984                           | (Ethics Commission Filers) |
| 4 | Date<br>08/23/2024  | 5 Payee name<br>Xavier Per  |  |   | I   |  |                            |
| 6 | Amount (\$)<br>\$200.00   | 7 Payee addr<br>400 N. Brit | ess; City; Stat  | e; Zip Code   |   |  |                            |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |                             | See Categories listed at the top of this s   | ,   |   | tside of Texas. Comp<br>X, officeholder living |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Of<br>H           | ficeholder name  | Office sought   |   | Office he                                      | eld                        |
|   |   |                             |  |   |   |  |                            |

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

SCHEDULE K

|   | The Instru  | ages Schedule K:<br>L/2 Rpt: 11/12                                      |               |             |                           |           |
|---|-------------|---|---------------|-------------|---------------------------|-----------|
| 2 | FILER NAME  |   | 3             | B Filer ID  | D (Ethics Commissio       | n Filers) |
|   | Garza, Jose | 9984  |               |             |                           |           |
| 4 | Date        | 5 Name of person from whom amount is received                           | 8 Amount (\$) |             |                           |           |
|   | 08/26/2024  | IBC   |               |             |                           | \$98.99   |
|   |             | 6 Address of person from whom amount is received; City; State; Zip Code |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             | Rio grande city, TX 78582   |               |             |                           |           |
|   |             | 7 Purpose for which amount is received                                  | Check if poli | itical cont | ribution returned to file | er        |
|   |             | interest  |               |             |                           |           |
|   | Date        | Name of person from whom amount is received                             |               |             | Amount (\$)               |           |
|   | 09/26/2024  | IBC   |               |             |                           | \$105.41  |
|   |             | Address of person from whom amount is received; City; State; Zip Code   |               |             | 1                         |           |
|   |             |   |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             | Rio grande city, TX 78582   |               |             |                           |           |
|   |             | Purpose for which amount is received                                    | Check if poli | itical cont | ribution returned to file | er        |
|   |             | interest  |               |             |                           |           |
|   | Date        | Name of person from whom amount is received                             |               |             | Amount (\$)               |           |
|   | 10/27/2024  | IBC   |               |             |                           | \$104.58  |
|   |             | Address of person from whom amount is received; City; State; Zip Code   |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             | Rio grande city, TX 78582   |               |             |                           |           |
|   |             |   | Check if poli | itical cont | ribution returned to file | er        |
|   |             | interest  |               |             |                           |           |
|   | Date        | Name of person from whom amount is received                             |               |             | Amount (\$)               |           |
|   | 11/26/2024  | IBC   |               |             |                           | \$99.28   |
|   |             | Address of person from whom amount is received; City; State; Zip Code   |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             | Dis suanda site TV 70502  |               |             |                           |           |
|   |             | Rio grande city, TX 78582   |               |             |                           |           |
|   |             | Purpose for which amount is received                                    | Check if poli | itical cont | ribution returned to file | er        |
|   |             |   |               |             | i                         |           |
|   | Date        | Name of person from whom amount is received                             |               |             | Amount (\$)               |           |
|   | 12/26/2024  | IBC   |               |             |                           | \$96.69   |
|   |             | Address of person from whom amount is received; City; State; Zip Code   |               |             |                           |           |
|   |             |   |               |             |                           |           |
|   |             | Rio grande city, TX 78582   |               |             |                           |           |
|   |             |   | Chook if n=1  | itiaal aant | ribution roturned to file |           |
|   |             | interest  | спеск ії рої  | incai cont  | ribution returned to file | 51        |
| L |             | interest  |               |             |                           |           |
|   |             |   |               |             |                           |           |

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

SCHEDULE K

| The Instruction Guide explains how to complete this form |            |   |   |       |          | pages Schedule K:<br>2/2 Rpt: 12/12 |
|--|------------|---|---|-------|----------|-------------------------------------|
| 2 FILER NAME 3   |            |   |   | 3     | Filer II | D (Ethics Commission Filers)        |
|  |            |   |   |       | 00059    | 9984                                |
| 4  | Date       | 5 | Name of person from whom amount is received                           |       |          | 8 Amount (\$)                       |
|  | 07/28/2024 |   | IBC bank  |       |          | \$111.73                            |
|  |            | 6 | Address of person from whom amount is received; City; State; Zip Code |       |          |                                     |
|  |            |   |   |       |          |                                     |
|  |            |   |   |       |          |                                     |
|  |            |   | Rio Grande City , TX 78582  |       |          |                                     |
|  |            | 7 | Purpose for which amount is received Check if p                       | oliti | cal cont | tribution returned to filer         |
|  |            |   | interest  |       |          |                                     |
|  |            |   |   |       |          |                                     |
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