STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete t	his form.	1 Filer ID (Ethics Commiss 00083205	ion Filers)	2 Total pages filed: 7		
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY		
NAME	Mr.	Mikael A.					
					Date Received		
					ELECTRONICALLY FILED		
	NICKNAME	LAST		SUFFIX	01/15/2025		
		Garcia					
					Date Hand-delivered or Date Postmarked		
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE #; C	ITY; STATE;	ZIP CODE			
ADDRESS	15511 Hwy 71 West #110				Receipt # Amount		
	100111111911100001/1110	000					
	Austin TV 70700				Date Processed		
Change of Address	Austin, TX 78738						
					Date Imaged		
					, in the second s		
5 CAMPAIGN	MS / MRS / MR	FIRST			MI		
TREASURER	The Honorable	Matthew R.					
NAME		matthew rt.					
	NICKNAME	LAST			SUFFIX		
		Schaefer					
		Schaeler					
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE	; APT / SUITE #	; CITY;	STATE; ZIP CODE		
TREASURER	P.O. Box 6982	,					
ADDRESS							
(Residence or Business)							
	Tyler, TX 75711						
7 CAMPAIGN	AREA CODE	PHONE I	NUMBER		EXTENSION		
TREASURER PHONE	(903) 920-3776						
PHONE							
8 REPORT TYPE	X January 15	30th da	y before conventio	n / election	Runoff		
	July 15	8th day	before convention	/ election	Final report (Attach SC C/OH-FR)		
9 PERIOD	Month Day Y	ear			Month Day Year		
COVERED	07/01/2024		THROUG	GH	12/31/2024		
	01701/2024						
10 CONVENTION /	Month Day Y	ear	11 0	FFICE			
ELECTION DATE	Monar Day 1	cui		OUGHT	X STATE CHAIR		
					COUNTY CHAIR		
12 POLITICAL	Depublican			COUNTY (If Applic	a a bla à		
PARTY	Republican				cable)		
		60	TO PAGE 2				
Forms provided by Tex	as Ethics Commission	WWW.6	ethics.state.tx.us		Version V4.1.0.5dd2ace2		

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

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I

13 CANDIDATE NAME	Garcia, Mikael A. (M	Ir.) 1	4 Filer ID (E 00083205	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees to suppo andidate's knowledge or consent. Candidates are req penditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,420.06			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	ST DAY OF THE	\$ 1,670.62			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE LAST DAY	\$ 0.00			
17 AFFADAVIT							
		I swear, or affirm, under penalty c true and correct and includes all i under Title 15, Election Code.					
		Mr. Mi	kael A. Garcia				
		Signate	ure of Candidate				
AFFIX NOT	TARY STAMP / SEAL AB	DVE					
Sworn to and subso	rihed hefore me, by the c	aid	this the	day			
		ertify which, witness my hand and seal of office.		uuy			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer a	administering oath			
Forms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us	V	ersion V4.1.0.5dd2ace2			

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

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18 CANDIDATE	(Ethics Commission Filers)						
Garcia, Mik	1						
20 SCHEDULE NAME OF S	SUBTOTAL AMOUNT						
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 3,420.06				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
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	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Total pages Schedule F1:	2			1	2	Filer ID	(Ethics Commission Filers)		
1±		 ²				3				
	Sch: 1/4 Rpt: 4/7		Garcia, Mikael A. (Mr.)				00083205			
4	Date	5	Payee name							
	10/25/2024		Caroline Harris Davila for State Representati	ive						
			· · · ·							
6	Amount (\$)	7	Payee address; City; State; Zip	Code						
	\$500.00		P.O. Box 700							
			Round Rock, TX 78680							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF	`´	Contributions/Donations Made By			outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Committee		Check if Austin,	тx,	officeholder living	expense		
					Contribution t	оE	Elect Adam H	linojosa Campaign.		
9	Complete ONLY if direct		Candidate/Officeholder name Office s	sought			Office he	ld		
	expenditure to benefit C/OI	Η								
⊨	Date	1								
			Payee name							
	08/15/2024		Neuwirth, Macy (Ms.)							
	Amount (\$)		Payee address; City; State; Zip	Code						
	\$1,500.00		6406 Nasco Dr.							
	\$1,000,000									
			Austin, TX 78757							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF	Ľ	Salaries/Wages/Contract Labor	l` í		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor				officeholder living			
					Compensatio	n fa	or duties as	Campaign Manager.		
					Compensatio			oumpaign manager.		
	Complete ONLY if direct		Candidate/Officeholder name Office s	sought			Office he	ld		
	expenditure to benefit C/OI	Η								
F	Date		Payee name							
	08/31/2024		Prosperity Bank							
	00/31/2024									
	Amount (\$)		Payee address; City; State; Zip	Code						
	\$10.00		900 Congress Ave.							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF		Accounting/Banking		Check if travel of	outsi	de of Texas. Com	blete Schedule T.		
	EXPENDITURE				Check if Austin,	тx,	officeholder living	expense		
Í					Monthly bank	se	rvice charae).		
					-		0			
⊢	Operation ONITY II						0/7			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	sought			Office he	91 0		
	corpenditure to benefit C/Of									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 2/4 Rpt: 5/7		Garcia, Mikael A. (Mr.)					00083205			
4	Date	5	Payee name								
	09/30/2024		Prosperity Bank								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$10.00		900 Congress Ave.								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Accounting/Banking		,			ide of Texas. Com			
	LAFENDITORE							, officeholder living			
						Monthly bank	K SE	ervice charge	2.		
9	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office he	۹ld		
•	expenditure to benefit C/OI					in c					
	Date		Payee name								
	10/31/2024		Prosperity Bank								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$10.00 900 Congress Ave.										
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Accounting/Banking					ide of Texas. Com			
								, officeholder living			
						Monthly bank	K SE	ervice charge	2.		
	Complete ONLY if direct		andidate/Officeholder name		Office sou	ht		Office he	ald		
	expenditure to benefit C/OI					in t		Office he			
-	Date		Payee name								
	11/30/2024		Prosperity Bank								
	Amount (\$)	\vdash	Payee address; City;	State:	Zip Co	le					
	\$10.00		900 Congress Ave.	,							
			3 • • • •								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Accounting/Banking					ide of Texas. Com			
								, officeholder living			
						Monthly bank	K SE	ervice charge	2.		
	Complete ONLY if direct		andidate/Officeholder name)ffico cour	ht		Office he	ald		
	expenditure to benefit C/OI			C	Office sou	n n		Onice He	nu		
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in D y - Gift/Awards/Memorials Expense Printing Expense Travel Out					Transportation Travel in Distr Travel Out of	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Et	thics Commission Filers)
	Sch: 3/4 Rpt: 6/7		Garcia, Mikael	A. (Mr.)						00083205	5	
4	Date	5	Payee name									
	12/31/2024		Prosperity Ban	k								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$10.00		900 Congress	Ave.								
				04								
			Austin, TX 787	01								
8	PURPOSE OF	(a)	Category (See C	ategories listed at the	top of this sche	edule)	(b) D	escription				
	EXPENDITURE		Accounting/Ba	nking			Ļ	Check if travel of			•	
							Ľ	Check if Austin,				ense
							IV	Ionthly bank	se	IVICE CHAI	ye.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeh	older name	C) ffice sou	ght			Office	held	
	Date	Γ	Payee name									
	09/03/2024		Prosperity Ban	k								
	Amount (\$)	-	Payee address;	City;	Stato:	Zip Co	do					
	.,		-	-	State,		ue					
	\$10.00		900 Congress	Ave.								
			Austin, TX 787	01								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sche	edule)	(b) D	escription				
	OF EXPENDITURE		Accounting/Ba					Check if travel of				
								Check if Austin,			ing expe	ense
							B	Bank service	cha	arge.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office	held	
	Date		Payee name									
	07/25/2024		RDP Strategie	S								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$1,110.06		6501 E. Green	way Pkwy.								
			#103-116									
			Scottsdale, AZ	85254								
	51155005						(1) -					
	PURPOSE OF	(a)	Category (See C		top of this sche	edule)	(0) 	Description Check if travel of	aute:-	to of Toyco O	molete	Schodulo T
	EXPENDITURE		Advertising Ex	pense			F	Check if Austin,				
												ate delegates.
									200	.900 10 00		and actogated.
-	Complete ONLY if direct	L(Candidate/Officeh	older name	C	Office sou	aht			Office	held	
	expenditure to benefit C/OI						-					
-												

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense C- I Committee Legal Services EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Transportation E Travel in District Travel Out of Di					
	Credit Card Payment	The Instruction Guide explains how to complete this form.		Official d	category not instea above)				
1	Total pages Schedule F1:		3		(Ethics Commission Filers)				
	Sch: 4/4 Rpt: 7/7	Garcia, Mikael A. (Mr.)		00083205					
4	Date 10/25/2024	5 Payee name Texans for Medical Freedom							
	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1321 W. Randol Mill Rd. Ste. 2008 Arlington, TX 76012-3129							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Donation to Texans for Medical Freedom organization.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld				