STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00082473

2 Total pages filed: 5

3 CANDIDATE NAME

MS / MRS / MR	FIRST	MI
Mrs.	Adrienne	

NICKNAME	LAST	SUFFIX
	Garza	

4 CANDIDATE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1800 Angelina Marie

Pharr, TX 78577

☐ Change of Address

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 07/14/2025

Date Hand-delivered or Date Postmarked:

Receipt #: | Amount:

Date Processed:

Date Imaged:

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr.	Joacim	

NICKNAME	LAST	SUFFIX
	Hernandez	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2112 Dartmouth Ave.

McAllen, TX 78504

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	789-4778	

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before convention / election
- ☐ Runoff
- ☒ July 15
- ☐ 8th day before convention / election
- ☐ Final report (Attach SC C/OH-FR)

9 PERIOD COVERED

Month Day Year: 01/01/2025 THROUGH Month Day Year: 06/30/2025

10 CONVENTION / ELECTION DATE: Month Day Year

11 OFFICE SOUGHT

- ☐ STATE CHAIR
- ☒ COUNTY CHAIR

12 POLITICAL PARTY: Republican

COUNTY (If Applicable): Hidalgo

GO TO PAGE 2

STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

13 CANDIDATE NAME	Garza, Adrienne (Mrs.)	**14** Filer ID (Ethics Commission Filers)
		00082473

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political expenditures by political committees to support the candidate. *These expenditures may have been made without the candidate's knowledge or consent.* Candidates are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 28.27
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 0.00

17 AFFADAVIT

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.

Mrs. Adrienne Garza

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - SC C/OH

FORM SC C/OH
COVER SHEET PG 3

18 CANDIDATE NAME	**19** Filer ID (Ethics Commission Filers)
Garza, Adrienne (Mrs.)	00082473

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
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.	☐	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
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 CONTRIBUTIONS	**$** 63.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

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	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 4/5	Garza, Adrienne (Mrs.)	00082473

4 Date	5 Payee name
01/31/2025	Texas Regional Bank
6 Amount ($)	**7** Payee Address; City; State; Zip
8.00	1801 S McColl Rd McAllen, TX 78501

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

Date	Payee name
01/31/2025	Texas Regional Bank
Amount ($)	Payee Address; City; State; Zip
10.00	1801 S McColl Rd McAllen, TX 78501

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

Date	Payee name
02/28/2025	Texas Regional Bank
Amount ($)	Payee Address; City; State; Zip
8.00	1801 S McColl Rd McAllen, TX 78501

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

Date	Payee name
02/28/2025	Texas Regional Bank
Amount ($)	Payee Address; City; State; Zip
5.00	1801 S McColl Rd McAllen, TX 78501

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

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	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 5/5	Garza, Adrienne (Mrs.)	00082473

4 Date	5 Payee name
03/31/2025	Texas Regional Bank
6 Amount ($) 8.00	**7** Payee Address; City; State; Zip 1801 S McColl Rd McAllen, TX 78501

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

Date	Payee name
04/30/2025	Texas Regional Bank
Amount ($) 8.00	Payee Address; City; State; Zip 1801 S McColl Rd McAllen, TX 78501

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

Date	Payee name
05/30/2025	Texas Regional Bank
Amount ($) 8.00	Payee Address; City; State; Zip 1801 S McColl Rd McAllen, TX 78501

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee

Date	Payee name
06/30/2025	Texas Regional Bank
Amount ($) 8.00	Payee Address; City; State; Zip 1801 S McColl Rd McAllen, TX 78501

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	Service Fee