

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Mr. Roberto

NICKNAME LAST SUFFIX

"Mailman" De La Garza

OFFICE USE ONLY

Date Received

CPD DEPT.

OCT 30 2023

@ 7:55 pm

RECEIVED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

544 E. Acacia Ave. Alamo TX 78514

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 227-1802

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Mrs. Roxanne

NICKNAME LAST SUFFIX

Garcia

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

605 E. Acacia Ave. Alamo TX 78514

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 533-3609

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
09 / 29 / 2023 10 / 28 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

11 / 07 / 2023

ELECTION TYPE

- Primary
 Runoff
 Other Description
 General
 Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Commissioner, Pl. 2

14 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

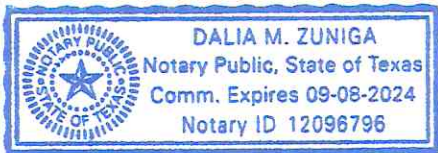
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Roberto De La Garza</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>840.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,694.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>530.29</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Roberto De La Garza
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Roberto De La Garza this the 30th day of October, 2023, to certify which, witness my hand and seal of office.
Dalia M. Zuniga Dalia M. Zuniga Planner 1
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Roberto De La Garza		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Elia De La Garza 6 Contributor address; City; State; Zip Code 1108 Rankin Mission TX 78512	7 Amount of contribution (\$) 120.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estela Flores Contributor address; City; State; Zip Code 522 5110 N. Inspiration Rd Mission, TX 78512	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Garcia Contributor address; City; State; Zip Code 3704 N. 42nd St. McAllen TX 78501	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracie Garcia Contributor address; City; State; Zip Code 3704 N. 42nd St. McAllen TX 78501	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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roberto De La Garza		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roxanne Garza	7 Amount of contribution (\$) 120.00
6 Contributor address; City; State; Zip Code 1205 E. Acacia Ave. Alamo TX 78516		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby De La Garza	Amount of contribution (\$) 120.00
Contributor address; City; State; Zip Code 544 E. Acacia Alamo TX 78514		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lety Reyes	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 222 Candy Dr. Alamo TX 78514		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Cepeda	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 412 E. Alamo Rd Alamo TX 78514		
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Roberto De La Garza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERICA LOPEZ</i>	7 Amount of contribution (\$) <i>20.00</i>
6 Contributor address; City; State; Zip Code <i>1321 W. Maple Ave. McAllen TX 78501</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Idalia Cantu</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>1106 Brazos St. Alamo TX 78514</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dominique Cantu</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>1106 Brazos St. Alamo TX 78514</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joanna Escalante</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>1101 Hackberry Ave Apt 6. San Juan TX 78589</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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roberto De La Garza		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Erika Reyes 6 Contributor address; City; State; Zip Code 313 Hector Dr. Alamo TX 78516	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Federico Garza, Jr. Contributor address; City; State; Zip Code 1155 W. Duranta Alamo TX 78516	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agustin Lara Contributor address; City; State; Zip Code 1319 Royal Palm Alamo, TX 78516	Amount of contribution (\$) 40.00
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 1	2 FILER NAME Roberto De La Garza	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/23	5 Payee name Roberto De La Garza	
6 Amount (\$) 344.99	7 Payee address; City; State; Zip Code 544 E. Acacia Ave. Alamo TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Car Rental
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/28/23	Payee name Belen Martinez
Amount (\$) \$750.00	Payee address; City; State; Zip Code 105 N. Alamo Rd. Alamo TX 78514
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Poll Worker
	<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

Date 10/28/23	Payee name Erika
Amount (\$) \$600.00	Payee address; City; State; Zip Code 105 N. Alamo Rd Alamo TX 78514
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) poll worker
	<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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/23	5 Payee name Budget	
6 Amount (\$) \$344.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1701 W. Exp. 83	City; State; Zip Code McAllen TX 78503
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Car Rental
	<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 (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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