# 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:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: MRS | FIRST: Maria | MI: Celia

NICKNAME | LAST: Garcia | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1113 Ortega Circle, Alamo TX 78516

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE ( ) PHONE NUMBER EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

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

**8 CAMPAIGN TREASURER PHONE**

AREA CODE ( ) PHONE NUMBER EXTENSION

**OFFICE USE ONLY**

Date Received: RECEIVED OCT 27 2025 BY: @ 5:10

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**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: 10 / 05 / 25 THROUGH Month Day Year: 10 / 27 / 25

**11 ELECTION**

ELECTION DATE — Month Day Year: 11 / 04 / 25

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Alamo Municipal Judge

**13** OFFICE SOUGHT (if known): Alamo Municipal Judge

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

☐ Additional Pages

**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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 2**

| | | | |
|---|---|---|---|
| **15** C/OH NAME | Celia Garcia | | **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) | $ 6,950.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 15,756.60 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 14,673.94 |
| 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.

Celia Garcia

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

ANA MARIA GARZA
Notary Public, State of Texas
Comm. Expires 05-05-2027
Notary ID 134345537

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Celia Garcia this the 21st day of October, 20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Ana Garza — Printed name of officer administering oath | City Secretary — 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Celia Garcia | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☑ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 6,950.00 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ | SCHEDULE E: LOANS | $ |
| 5. | ☑ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 15,756.60 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# 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: Celia Garcia

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 9/22 | Juan Gonzalez | 500.00 |
| | 6 Contributor address; City; State; Zip Code: Weslaco | |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Attorney | Self Empl. |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/17/25 | Mario Garza | 500.00 |
| | Contributor address; City; State; Zip Code: San Juan | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| R. | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/9 | Arturo Ortega | 1,000.00 |
| | Contributor address; City; State; Zip Code: Alamo | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Banker | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/15 | Roel Moreno | 1,000.00 |
| | Contributor address; City; State; Zip Code: Alamo | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Contractor | Self Employed |

**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: Celia Garcia

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code | **7** Amount of contribution ($) |
|---|---|---|
| 10/15/25 | Oscar Salinas<br>Alamo | 300.00 |

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 10/15/25 | Dubernay Law Firm<br>Edinburg | 500.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 10/15/25 | Ramona Barron<br>Alamo | 30.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 10/15 | Rogers Legal Group | 500.00 |

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions): Self Employed

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 10/14/25 | Rey Garcia | 120.00 |
| | 6 Contributor address; City; State; Zip Code: Alamo | |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Auto Parts | Self - Rey's Auto Parts. |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/15/25 | Dr. A. Hernandez | 1,500. |
| | Contributor address; City; State; Zip Code: Alamo | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Doctor | Pinnacle Health. |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/15/25 | Antonio Martinez | 1,000.00 |
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Celia Garcia | |

| 4 Date | 5 Payee name | | |
|---|---|---|---|
| 10/7/25 | Darry Jones | | |
| **6** Amount ($) | **7** Payee address; | City; | State; Zip Code |
| 600.00 | | Alamo | TX |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Event Expense | D.J. Service M/C |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name | | |
|---|---|---|---|
| 10/8/25 | Academy | | |
| Amount ($) | Payee address; | City; | State; Zip Code |
| 300.00 | | Edinburg | TX |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Event Expenses Gift Prizes | Bags (Gift Prizes) |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name | | |
|---|---|---|---|
| 10/15/25 | U.S. Postal Services | | |
| Amount ($) | Payee address; | City; | State; Zip Code |
| 800.00 | | McAllen | TX |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising Expense Postal Stamps | Postal Stamps. |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Celia Garcia | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**4 Date:** 10/16/25

**5 Payee name:** Mary Luna

**6 Amount ($):** 1,000

**7 Payee address;** City; State; Zip Code: Pharr TX

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): contract labor.

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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:** 10/16/25

**Payee name:** Clara Casas

**Amount ($):** 1,000

**Payee address;** City; State; Zip Code: Pharr TX

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): contract labor

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

**Date:** 10/17/25

**Payee name:** Rafael Vicencio

**Amount ($):** 750.00

**Payee address;** City; State; Zip Code: Alamo TX

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): contract labor

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | |

**Expenditure 1**

| 4 Date | 5 Payee name | |
|---|---|---|
| 10/17/25 | Lisa Vera | |
| **6** Amount ($) | **7** Payee address; City; State; Zip Code | |
| 500.00 | Alamo TX | |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| contract labor | |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Expenditure 2**

| Date | Payee name | |
|---|---|---|
| 10/17/25 | Rosa Torres | |
| Amount ($) | Payee address; City; State; Zip Code | |
| 500.00 | Alamo TX | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| contract labor | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Expenditure 3**

| Date | Payee name | |
|---|---|---|
| 10/19/25 | Maricela Conte | |
| Amount ($) | Payee address; City; State; Zip Code | |
| 1,000 | Pharr TX | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| contract labor | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Celia Garcia | |

| 4 Date | 5 Payee name |
|---|---|
| 10/19/25 | Fernando Villanueva |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 2,000.00 | | McAllen | | |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Consulting Expense | Polling Expense |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name |
|---|---|
| 10/19/25 | Sam's Club. |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 628.05 | | McAllen | | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Event Expense<br>Food Beverage Expense | Food/Beverage Expense |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

| Date | Payee name |
|---|---|
| 10/21/25 | Sam's Club |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 240.83 | | McAllen | | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Event Expense | Food/Beverage Expense |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Celia Garcia | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 Date: 10/24/25 | 5 Payee name: Jesus Reyes | |
| 6 Amount ($): 500.00 | 7 Payee address; City; State; Zip Code: Alamo TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): contract labor | (b) Description: |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ 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: 10/24/25 | Payee name: Edna Martinez | |
|---|---|---|
| Amount ($): 350.00 | Payee address; City; State; Zip Code: Alamo | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): contract labor | Description: |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date: 10/24/25 | Payee name: Virginia Falcon | |
|---|---|---|
| Amount ($): 350.00 | Payee address; City; State; Zip Code: Alamo | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): contract labor | Description: |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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| 1 Total pages Schedule F1: | 2 FILER NAME: Celia Garcia | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**Expenditure 1**

| 4 Date | 5 Payee name | |
|---|---|---|
| 10/24/25 | Tracy Garcia | |
| **6** Amount ($) | **7** Payee address; | City; State; Zip Code |
| 350.00 | | Alamo |

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Contract labor

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

**Expenditure 2**

| Date | Payee name | |
|---|---|---|
| 10/24/25 | Bell Martinez | |
| Amount ($) | Payee address; | City; State; Zip Code |
| 350.00 | | Alamo |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): contract labor

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

**Expenditure 3**

| Date | Payee name | |
|---|---|---|
| 10/25/25 | Alvina Morales | |
| Amount ($) | Payee address; | City; State; Zip Code |
| 350.00 | | Alamo |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Contract labor

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Celia Garcia | |

| 4 Date | 5 Payee name |
|---|---|
| 10/25/25 | Joshua Acosta |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 350.00 | | Alamo | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | contract labor | |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name |
|---|---|
| | Carlos Rodriguez |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 350.00 | | Alamo | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | contract labor | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/25 | Ruben Hernandez |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 350.00 | | Alamo | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | contract labor | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Celia Garcia | |

| 4 Date | 5 Payee name |
|---|---|
| 10/25/25 | Lisa Vera |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 150.00 | | Alamo | | |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| transportation & gas. | car Rental |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name |
|---|---|
| 10/26/25 | El Dorado Rest. |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 334.72 | | Alamo | | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Food/Beverage Expense | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

| Date | Payee name |
|---|---|
| 10/26/25 | Sam's Club |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 411.65 | | McAllen | | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Food/Beverage Expense | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
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Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Celia Garcia | |

| 4 Date | 5 Payee name | | | |
|---|---|---|---|---|
| 10/20/25 | 3 Stripes | | | |
| **6** Amount ($) | **7** Payee address; | City; | State; | Zip Code |
| 40.44 | | Alamo | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage Expense | |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ 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 | Payee name | | | |
|---|---|---|---|---|
| 10/21/25 | McDonald's | | | |
| Amount ($) | Payee address; | City; | State; | Zip Code |
| 65.00 | | Alamo | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food/Beverage Expense | |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| 10/22/25 | El Dorado Rest. | | | |
| Amount ($) | Payee address; | City; | State; | Zip Code |
| 40.44 | | Alamo | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food/Beverag Expense | |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Celia Garcia | |

| 4 Date | 5 Payee name |
|---|---|
| 10/23/25 | BWB |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 21.65 | | Alamo | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage / Supplies | IcE |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name |
|---|---|
| 10/22/25 | Brand Boosters |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 400.00 | | McAllen | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Printing Expense<br>Advertising Expense | cards |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/23/25 | chick fil-A |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 328.00 | | McAllen | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food/Beverage Expense | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**Expenditure 1**

| 4 Date | 5 Payee name |
|---|---|
| 10/23/25 | McDonald's |
| **6 Amount ($)** | **7 Payee address; City; State; Zip Code** |
| 65.00 | Alamo |

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

**Expenditure 2**

| Date | Payee name |
|---|---|
| 10/24/25 | El Dorado Rest. |
| **Amount ($)** | **Payee address; City; State; Zip Code** |
| 40.44 | Alamo |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

**Expenditure 3**

| Date | Payee name |
|---|---|
| 10/24/25 | Walgreen's |
| **Amount ($)** | **Payee address; City; State; Zip Code** |
| 40.25 | San Juan |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Food Beverage Expense

Description: Cakes.

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Celia Garcia | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 Date: 10/15 | 5 Payee name: The Print Shop | |
| 6 Amount ($): 974.25 | 7 Payee address; City; State; Zip Code: Edinburg | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Printing Expense | (b) Description: Banner |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ 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: 10/27 | Payee name: El Dorado Restaurant | |
|---|---|---|
| Amount ($): 40.44 | Payee address; City; State; Zip Code: Alamo | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Food/Beverage Expense | Description |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date: 10/26/25 | Payee name: Delia's Tamales | |
|---|---|---|
| Amount ($): 80.00 | Payee address; City; State; Zip Code: San Juan | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Food/Beverage Expense | Description |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**Expenditure 1**

| 4 Date | 5 Payee name |
|---|---|
| 10/25/25 | HEB |
| **6** Amount ($) | **7** Payee address; City; State; Zip Code |
| 65.00 | Alamo |

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Expenditure 2**

| Date | Payee name |
|---|---|
| 10/25/25 | El Dorado Rest. |
| Amount ($) | Payee address; City; State; Zip Code |
| 40.44 | Alamo |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Expenditure 3**

| Date | Payee name |
|---|---|
| | |
| Amount ($) | Payee address; City; State; Zip Code |
| | |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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