#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION AREA CODE CANDIDATE/ PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME LAST Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN EXTENSION AREA CODE PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month COVERED THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Description General Special OFFICE HELD (if any) OFFICE SOUGHT (if known) 12 OFFICE Alomo Municipal Judge Dlamo Municipal Judge 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

SKIVII KIOI	TI III/III/III		
15 C/OH NAME	Celia Garcia	16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	\$ 20,500.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3	\$
	4. TOTAL POLITICAL EXPENDITURES	9	\$ 14,416.93 \$ 23,480.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$ 23,480.54
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	F THE	\$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is tru	ue and corre	ect and includes all information
	quired to be reported by me under Title 15, Election Code.		
	Celeá	00	LCIÃ
	Signature of Ca	andidate or	Officeholder
	Diseas semulate sither entire heles		
	Please complete either option belov	N.	
		ARIA GAR	1.0
	Notary Pub	lic, State of pires 05-05-	
(1) Affidavit	2.72.0.278	D 1343455	AND THE RESERVE OF THE PARTY OF
(1) Amuavit			
NOTARY STAMP/SEA		- (1	011
Sworn to and subscribed	before me by (elia (Tarcia this the	B	day of October.
in .	which, witness my hand and seal of office.		( )
20 Z S , to certify		01	
Signature of officer administer	gring oath Printed name of officer administering oath		the of officer administering oath
Signature of officer autilities		J	also of officer administering data-
	OR		\$ <del>*</del>
(2) Unsworn Declarati	on		
My name la	, and my date of birth is		
My address is	508 508	(state) (z	ip code) (country)
Executed in		• • • • • • • • • • • • • • • • • • •	**** *********************************
	County, State of, on the day of (mont	h)	, 20 (year)
	Signature of Candi	idate/Officeh	older (Declarant)

#### 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 (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	actions)  ack bail bonds				
Pate  Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Self-8					
Date  Full name of contributor  Albert Figeroa  Contributor address;  City; State; Zip Code	Amount of contribution (\$)  7,500.				
Principal occupation / Job title (See Instructions)  Self Eurgloyed  ValTey					
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)  Employer (See Instru	Lections) Health.				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED				
If contributor is out of state BAC places see Instruction guide for additions					

#### SCHEDULE A1

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	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME	Celia	Garc	la	3 Filer ID (Ethics Commission Filers)
	Date 9/3/25	5 Full name of contributor  05 CA  6 Contributor address;	city;	State; Zip Code	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	9/3/25	Contributor address;	City;	State; Zip Code	500.
	Principal occup	Self Employe	ed	Employer (See Instruction Control Cont	tions)
	Date	Full name of contributor	out-of-state PA		Amount of contribution (\$)
	9/3/25	Contributor address;	So Lani City: Edlubu	State; Zip Code	1,500
	Principal occup	pation / Job title (See Instructions)	played	Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	914/25	Contributor address;	City;	State; Zip Code	1,500.00
	Principal occup	pation / Job title (See Instructions)		Sele Em	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### 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#:)  Reu Garcia  6 Contributor address; City; State; Zip Code  Alamo	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Self En	play ed
Date  Full name of contributor  Out-of-state PAC (ID#:)  Over State; Zip Code  Ediuburg	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	Ling Bail Bonds
Date  Full name of contributor  Reve Ramivez  Contributor address;  City; State; Zip Code	Amount of contribution (\$)  2,500.
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Self E	meloyed
Date Full name of contributor out-of-state PAC (ID#:)  OVUS Ordo Vo.  Contributor address; City; State; Zip Code  Edi ubus	Amount of contribution (\$)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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

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9   8   25   6 Contributor address; City: State; Zip Code Soo.  8 Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (IDR: State; Zip Code Soo Soo State; Zip Code Soo Soo State; Zip Code Soo	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDIT	IONAL COPIES O	-	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Co	lia Go	rcia	3 Filer ID (Ethics Commission Filers)
4 Date 9 3 25	5 Full name of contributor  Kicard  6 Contributor address;	out-of-state PAC  in Ferma  City;		7 Amount of contribution (\$)
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		Donna		
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)  MARloyed
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
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#### SCHEDULE F1

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

8 pages.

#### **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) 6 Amount (\$) Zip Code 7 Payee address: City; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State: Zip Code Payee address; Book Fock growany **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Adv. Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

		EXPEND	ITURE CATE	GORIES F	OR BOX 8(a)		
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6 Amount (\$)	7 Payee ac	idress;			City;	State;	Zip Code
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8	(a) Categor	y (See Categories II	sted at the top of this	s schedule)	(b) Description		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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### SCHEDULE F1

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Date	Payee na	ime		21			_
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#### SCHEDULE F1

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Credit Card Payment	The Instruction Guide explains I	now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Celia Ga	rcoa	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/25	5 Payee name The Pri	ut Slop	
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Date	Payee name	0	
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#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)  omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Celia Gara	3 Filer ID (Ethics Commission Filers)
4 Date 9/4/25	5 Payee name	Culo.
6 Amount (\$)	7 Payee address;	City; State; Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Food Beverage Expense	Event 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
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545	91	ian
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Beverage Expense	Event Expus
	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	E
9/15/25	Home De	epot
Amount (\$)	Payee address;	City; State; Zip Code
300,-	MCA	llen
	Category (See Categories listed at the top of this schedule)	Description Signs
PURPOSE OF EXPENDITURE	Adv. 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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 expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Celia	Garda	3 Filer ID (Ethics Commission Filers)
4 Date 8 29 25	5 Payee name	Club	
6 Amount (\$) 697.83	7 Payee address;	Phan	State; Zip Code
8	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
PURPOSE OF EXPENDITURE	Food Beverage Expe	esse Everi	+ Expense
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/29/25	George		).
28 HERE ACRES			
Amount (\$)	Payee address;	City;	State; Zip Code
Amount (\$)	Payee address;		State; Zip Code
Amount (\$) 300,	Phan	as a second	State; Zip Code
Amount (\$)  300,  PURPOSE OF EXPENDITURE		as a second	State; Zip Code
300,  PURPOSE OF	Category (See Categories listed at the top of thi	s schedule)  Description  Carlo  Carl	State; Zip Code
300,  PURPOSE OF	Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See C	s schedule)  Description  Carlo  Carl	ook tue
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this Event Experiment of Texas, Complete Candidate / Officeholder name	s schedule)  Description  Calculate  Check if Austin	n, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See Categories listed at the top of this Experiment of the Category (See C	s schedule)  Description  Calculate  Check if Austin	n, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this Event Experiment of Texas, Complete Candidate / Officeholder name	s schedule)  Description  Calculate  Check if Austin	n, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  8/29/25	Category (See Categories listed at the top of this Event Experiment Check if travel outside of Texas. Complete Candidate / Officeholder name  Payee name  HETS	s schedule)  Description  Coacher  Schedule T.  Check if Austin  Office sought	n, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  S129125  Amount (\$)	Category (See Categories listed at the top of this Event Experiment Check if travel outside of Texas. Complete Candidate / Officeholder name  Payee name  HETS	Schedule)  Description  Carter  Check if Austin  Office sought  City;	n, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  S129125  Amount (\$)	Category (See Categories listed at the top of this Sund Repeated of Texas. Complete Candidate / Officeholder name  Payee name  HETS  Payee address;	Sechedule)  Description  Coates  Schedule T.  Check if Austin  Office sought  City;  City;  Coates  Coates  Coates  Description	n, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Sl29/25  Amount (\$)  PURPOSE OF	Category (See Categories listed at the top of this Sund Rependence of Texas, Complete Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this	Sechedule)  Description  Contex  Schedule T.  Check if Austin  Office sought  City;  City;  Cuts  Sechedule)  Description  City  Cit	Office held  State; Zip Code

#### SCHEDULE F1

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

# EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimburseme Fees Office Overhead/Rental Expen

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/M  The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date /0/3/25	5 Payee name Wal Mart	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
369.		Alamo
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expense	Princes
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	1
10/3/25	The Kr	Int Shop.
Amount (\$)	Payee address;	City; State; Zip Code
811.00	٤	Musurg
	Category (See Categories listed at the top of this schedule)	Description Rd 5
PURPOSE OF EXPENDITURE	Adv. 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	6
	8	ж
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		