

# 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: <b>4</b>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR</b></div> <div>FIRST <b>FELIX</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>JR</b></div> <div>LAST <b>GARZA</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <hr/> Date Received  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JAN 15 2026</b>  <i>[Signature]</i> </div> <hr/> Date Hand-delivered or Date Postmarked  <hr/> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <hr/> Date Processed  <hr/> Date Imaged </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: <b>1427 Vida Grande</b></div> <div>APT / SUITE #: <b>Alamo</b></div> <div>CITY: <b>TX</b></div> <div>STATE: <b>78516</b></div> <div>ZIP CODE</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(956 )</b></div> <div>PHONE NUMBER <b>720-1008</b></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs.</b></div> <div>FIRST <b>Joanna</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Garza</b></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>1427 Vida Grande</b></div> <div>APT / SUITE #: <b>Alamo</b></div> <div>CITY: <b>TX</b></div> <div>STATE: <b>78516</b></div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 956 )</b></div> <div>PHONE NUMBER <b>460-0675</b></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  <b>7    1    25</b> </div> <div>THROUGH</div> <div> Month    Day    Year  <b>12    31    25</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year    </div> <div> ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div> Primary  General </div> <div> Runoff  Special </div> <div> <input checked="" type="checkbox"/> Other Description SEMI-ANNUAL JANUARY 2026 </div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any) <b>Mayor, City of Alamo</b>		13 OFFICE SOUGHT (if known)								
14 NOTICE FROM POLITICAL COMMITTEE(S)          Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

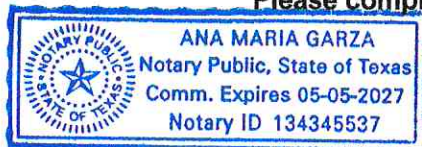
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> MR. FELIX "JR" GARZA		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 276.41
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*[Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by JR. Garza this the 15<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Ana Garza Printed name of officer administering oath: Ana Garza Title of officer administering oath: City Secretary

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)

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

<b>19 FILER NAME</b> Felix "JR" Garza		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 276.41
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	\$

# 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	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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Felix "JR" Garza	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/21/2025	<b>5</b> Payee name Aguilar's Meat Market	
<b>6</b> Amount (\$)  276.41	<b>7</b> Payee address; City; State; Zip Code 425 S. Nebraska Ave. San Juan TX 78589	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  event expense	
	<b>(b)</b> Description  food for event	
<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> 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	
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 <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	
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 <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