The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00067251		2 Total pages filed: 7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.			Date Received
10 1112					ELECTRONICALLY FILED
					07/12/2021
	NICKNAME	LAST		SUFFIX	07/12/2021
		Garcia			
4 CANDIDATE /	ADDRESS / PO BOX; APT	r / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 510				
ADDRESS					Receipt # Amount
Change of Address	Alice, TX 78333-0510				
					Date Processed
					Date Incomed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mr.	Carlos O.			
NAME		canos c.			
	NICKNAME	LAST		SUFFIX	
	INICKNAIVIE	Garcia		SUFFIX	
		Garcia			
6 CAMPAIGN	STREET ADDRESS (NO PC	D POY DI EASE):	ΛD	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	200 N. Almond St., #201	) BOX PLEASE),	AP	1/3011E#, CITT,	STATE, ZIP CODE
ADDRESS	200 N. Almond St., #201				
(Residence or Business)					
	Alice, TX 78332				
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	EXTENSION		
TREASURER	(361) 207-1002				
PHONE	(602) 201 2002				
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		_ 			appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
<b>6</b> DEDIOD	Month Day Year			Mainth Davi	Vaca
9 PERIOD COVERED	Month Day Year	TL	IROUGH	Month Day	Year
3312.123	01/01/2021	IH	IKUUGH	06/30/202	1
40 FLECTION	ELECTION DATE			ELECTION TVDE	
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other
	11/03/2020		-	Kulloli	Other
	11/05/2020	ΧG	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	District Attorney (Multi-co	unty) District 79	Brooks, Jim		
	Wells				
		GO T	O PAGE 2		
		60 1	O FAGE 2		

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Garcia, Carlos O. (Th	e Honorable)	<b>14</b> Filer ID 00067251	(Ethics Com	mission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's kno otice of such	support the owledge or expenditures.							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
ш°	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAM	<u> </u>						
		COMMITTEE CAMPAIGN TREASURER ADD	RESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00				
		AL CONTRIBUTIONS L'EDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$	0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$	116.94				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$	2,238.57				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$	56,572.12				
<b>17</b> AFFADAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required						
		The Ho	norable Carlos O. Gar	cia					
		Signatur	e of Candidate or Officeho	older					
AFFIX NO	TARY STAMP / SEAL ABO	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day				
of	, 20, to ce	rtify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of office	er administerii	ng oath				

## FORM C/OH COVER SHEET PG 3

				3 01 /			
<b>18</b> FILER NAME Garcia, Carl	(Ethics Commis	sion Filers)					
20 SCHEDULE S	SUBTOTA	L AMOUNT					
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X S	SCHEDULE E: LOANS		\$	0.00			
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	0.00			
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	116.94			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	\$						

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/7
2 FILER NAME Garcia, Carlos O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067251
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
Date     G Full name of pledgorout-of-state PAC (ID#:)      Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)   9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru	uctions)

	LOANS					SCHE	DULE <b>E</b>
	The Instruction	on Guide explains how to		ages Schedule E: L/1 Rpt: 5/7			
	FILER NAME Garcia, Carlos C	). (The Honorable)			3 Filer ID 00067	(Ethics Commis 251	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS			l	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amoun	t (\$)
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						<b>11</b> Maturity Date	•
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)	•	
14	Description of Coll None	ateral		15 Check if personal fun	ds were deposite	ed into political acco (See Instruct	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guar	ranteed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ctions)	1	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### 

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Sal		ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains how	10 00	·	
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 6/7		Garcia, Carlos O. (The Honorable)			00067251
4	Date	5	Payee name			
	01/01/2021		Vistaprint			
6	Amount (\$)	7	Payee address; City; State; Zi	ip Co	de	
	\$19.49		95 Hayden Ave			
	Reimbursement from					
	x political contributions intended		Lexington, MA 02421			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Webpage	
9	Complete ONLY if direct	Ca	ndidate/Officeholder name	L	Office sought	Office held
	expenditure to benefit					
	C/OH					
	Date		Payee name			
	02/01/2021		Vistaprint			
	Amount (\$)	┢	Payee address; City; State; Zi	in Co	de e	
	\$19.49		95 Hayden Ave	.p 00	uc	
			33 Hayden Ave			
	X Reimbursement from political contributions					
	intended		Lexington, MA 02421			
	PURPOSE		Category (See Categories listed at the top of this schedule	e)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
					Webpage	
	•	Ca	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
		_				
	Date		Payee name			
	03/01/2021		Vistaprint			
	Amount (\$)		Payee address; City; State; Zi	ip Co	de	
	\$19.49		95 Hayden Ave			
	Reimbursement from					
	X political contributions intended		Lexington, MA 02421			
	PURPOSE	⊢	Category (See Categories listed at the top of this schedule	, 1	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Advertising Expense	=)	Description	Check if dustin, TX, officeholder living expense
	EXPENDITURE		Advertising Expense		Webpage	
					···ospago	
	Complete ONLY if alian -	<u></u>	adidata/Office holder non-		Office security	Office hald
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name		Office sought	Office held
	C/OH					

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		xpense Nages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)		
	Sch: 2/2 Rpt: 7/7		rlos O. (The Honorable)			00067251		
4	Date	5 Payee name	Э					
Ļ	04/01/2021	Vistaprint	21:					
6	Amount (\$) \$19.49	7 Payee addr		ate; Zip Co	ode			
		95 Hayder	IAVE					
	Reimbursement from political contributions intended	Lexington,	MA 02421					
8	PURPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising	g Expense		L L	Check if Austin, TX, officeholder living expense		
					Webpage			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held		
	Date	Payee name	е					
	05/01/2021	Vistaprint						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$19.49	95 Hayder	n Ave					
	Reimbursement from political contributions intended	Lexington,	MA 02421					
	PURPOSE OF	Category (	See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertisino	g Expense		L	Check if Austin, TX, officeholder living expense		
					Webpage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	   Candidate/Office	eholder name		Office sought	Office held		
	Date	Payee name	е					
	06/01/2021	Vistaprint						
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	ode			
	\$19.49	95 Hayder	n Ave					
	Reimbursement from political contributions intended	Lexington,	MA 02421					
	PURPOSE OF	Category (	See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertisino	g Expense		L	Check if Austin, TX, officeholder living expense		
					Webpage			
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Office	eholder name		Office sought	Office held		

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00067251		2 Total pages filed: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.			Date Received
10 1112					ELECTRONICALLY FILED
					01/14/2022
	NICKNAME	LAST		SUFFIX	01/14/2022
		Garcia			
4 CANDIDATE /	ADDRESS / PO BOX; APT	Γ / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 510				
ADDRESS					Receipt # Amount
Change of Address	Alice, TX 78333-0510				
	7 (100, 17, 70000 0010				Date Processed
					Date Imaged
F CAMBAICN	MC (MDC (MD	FIDCT			
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	Carlos O.			
	NICKNAME	LAST		SUFFIX	
		Garcia			
6 CAMPAIGN	STREET ADDRESS (NO PC	) BOX PLEASE);	AP <sup>-</sup>	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	200 N. Almond St., #201				
(Residence or Business)	Alice, TX 78332				
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION		
PHONE	(361) 207-1002				
8 REPORT TYPE				—	7
ITPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-FR)
				reporting limit	
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2021	TH	IROUGH	12/31/202	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
			Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	District Attorney (Multi-co	unty) District 79	Brooks, Jim		
	Wells				
	!				
		GO T	O PAGE 2		

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Garcia, Carlos O. (Th	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the holder's knowledge or tice of such expenditures.								
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
16 CONTRIBUTION TOTALS	IN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 116.94					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 2,238.57					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 56,572.12					
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Hono	orable Carlos O. Garc	ia					
		Signature o	f Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

			CC	3 of 5
l	LER NAN arcia, Ca	(Ethics Commission Filers)		
	ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.			\$	
9.	X		<b>\$</b> 116.94	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/F Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense		kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 1/2 Rpt: 4/5	-	Garcia, Carlos O. (The Honorable)			•	00067251
4	Date	5	Payee name				
	07/01/2021		Vistaprint				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$19.49		95 Hayden Ave				
	Reimbursement from political contributions intended		Lexington, MA 02421				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Cl	neck if Austin, TX, officeholder living expense
					Website		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	08/01/2021		Vistaprint				
Amount (\$) Payee address; City; State; Zip Code							
	\$19.49 95 Hayden Ave						
	Reimbursement from political contributions intended		Lexington, MA 02421				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Cl	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			CI	neck if Austin, TX, officeholder living expense
	EXI ENDITORE				Website		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	09/01/2021		Vistaprint				
	Amount (\$)	T	Payee address; City; State;	Zip Co	de		
	\$19.49		95 Hayden Ave				
	Reimbursement from						
	X political contributions intended		Lexington, MA 02421				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	4	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		L	CI	neck if Austin, TX, officeholder living expense
					Website		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 2/2 Rpt: 5/5	2 FILER NAM Garcia, Ca	E Irlos O. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00067251
4	Date	5 Payee name	e			
	10/01/2021	Vistaprint				
6	Amount (\$)	7 Payee addr	ess; City; Stat	e; Zip Co	ode	
	\$19.49	95 Hayder	n Ave			
	Reimbursement from political contributions intended	Lexington,	MA 02421			
8	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertisino	g Expense			Check if Austin, TX, officeholder living expense
					Website	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	e			
	11/01/2021	Vistaprint				
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Co	ode	
	\$19.49 95 Hayden Ave					
	X Reimbursement from political contributions intended	Lexington,	MA 02421			
	PURPOSE OF	1	See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertisino	g Expense		L	Check if Austin, TX, officeholder living expense
					Website	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	9			
	12/01/2021	Vistaprint				
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Co	ode	
	\$19.49	95 Hayder	ı Ave			
	X Reimbursement from political contributions intended	Lexington,	MA 02421			
	PURPOSE	Category (	See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	g Expense		L L	Check if Austin, TX, officeholder living expense
					Website	
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held
	expenditure to benefit C/OH	Candidate/Office	SHOWEL HAINE		Office Sougift	Office field

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00067251		2 Total pages filed: 6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/11/2022
	NICKNAME	Garcia		SUFFIX	01,711,2022
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	P.O. Box 510				Receipt # Amount
ADDRESS					
Change of Address	Alice, TX 78333-0510				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	Carlos O.			
	NICKNAME	LAST		SUFFIX	
		Garcia			
C CAMBAION	OTDEET ADDRESS (NO DO	DOV DI FACE):	A.D.	T / CLUTE // CITY	OTATE: 710 0001
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODI
ADDRESS	200 N. Almond St., #201				
(Residence or Business)					
	Alice, TX 78332				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION		
TREASURER PHONE	(361) 207-1002				
PHONE					
8 REPORT					_
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
			ш	reporting limit	
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2022	T⊢	IROUGH	06/30/202	2
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
	11/03/2020	XG	eneral	Special	
				<b>—</b>	
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)
	District Attorney (Multi-co	unty) District 79	Brooks, Jim		
	Wells				
				_1	
		GO T	O PAGE 2		
		GO 1	O FAGE 2		

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	3 C / OH NAME Garcia, Carlos O. (The Honorable)  14 Filer ID 00067251					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this informa-	out the candidate's or offic	eholder's knowled	dge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAM	<u> </u>			
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$	38.98	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$	2,238.57	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 5	56,572.12	
<b>17</b> AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Coc	s all information required			
		The Ho	norable Carlos O. Gar	cia		
		Signatur	e of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	da	ay	
of	, 20, to ce	rtify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering o	ath	

## FORM C/OH COVER SHEET PG 3

				3 01 6				
18 FILER NAME Garcia, Carlo	18 FILER NAME19 Filer IDGarcia, Carlos O. (The Honorable)00067251							
	SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X So	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00				
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X S0	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X S0	CHEDULE E: LOANS		\$	0.00				
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	0.00				
6. X S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00				
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	38.98				
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS OF FILER	RETURNED	\$					
			•					

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to comp	lete this form.	1	Total pages Sche Sch: 1/1 Rpt: 4	
2 FILER N.	AME Carlos O. (The Honorable)			3	Filer ID (Et 00067251	hics Commission Filers)
1	OF UNITEMIZED PLEDO			\$	0.00	
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Coo	le			
40.5: : 1	(1)		laa	_ [ [		tside of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In:	structi	ons)	

	LOANS					SCHE	OULE E
	The Instruction	on Guide explains how to	complete this f	orm.	I	pages Schedule E: L/1 Rpt: 5/6	
	FILER NAME Garcia, Carlos C	). (The Honorable)			3 Filer II 00067	C (Ethics Commission (251)	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount	(\$)
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ictions)		
14	Description of Coll  None	ateral		15 Check if personal fur	ids were deposite	ed into political accou (See Instructio	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guara	inteed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ictions)	1	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 1/1 Rpt: 6/6 Garcia, Carlos O. (The Honorable) 00067251 Date Payee name 01/31/2022 Vistaprint State; Zip Code Amount (\$) Payee address; City; \$19.49 95 Hayden Ave Reimbursement from political contributions intended Х Lexington, MA 02421 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/27/2022 Vistaprint Amount (\$) Payee address; City; State; Zip Code \$19.49 95 Hayden Ave Reimbursement from political contributions Χ Lexington, MA 02421 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00067251	sion Filers)	2 Total pages fil	ed: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.				
INAME					Date Received	N I V EII ED
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/13/2023	
		Garcia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ.	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	P.O. Box 510		• ,			
MAILING ADDRESS	1 .O. Box 310				Receipt #	Amount
l						
Change of Address	Alice, TX 78333-0510				Date Processed	-
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER	Mr.	Carlos O.				
NAME						
	NICKNAME			CUEFIX		
	NICKNAME	LAST		SUFFIX		
		Garcia				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	200 N. Almond St., #201					
(Residence or Business)						
(residence of business)	Alice, TX 78332					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(361) 207-1002					
8 REPORT		_				
TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	mpaign treasurer
	July 15	8th day before	election $\square$	Exceeded modified	Final Report (Atta	
		J our day belore t		reporting limit		ich croff i rej
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2022	TH	IROUGH	12/31/202		
	07/01/2022		INCOOM	12/31/202		
10 ELECTION	ELECTION DATE	Г		ELECTION TYPE		
10 ELECTION	ELECTION DATE			ELECTION TYPE	Cother:	
	Month Day Year		rimary	Runoff	Other	
	11/03/2020	ΧG	eneral	Special		
				<u>—</u>		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-cou	ntv) District 79	Brooks. Jim		,	
	Wells	3,				
				1		
		GO T	O PAGE 2			
I						

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Garcia, Carlos O. (Th	e Honorable)	14 Filer ID 00067251	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,238.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 56,572.12
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Carlos O. Gard	cia
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

## FORM C/OH COVER SHEET PG 3

				3 of 5			
18 FILER NAME19 Filer ID(Ethics Commission FileGarcia, Carlos O. (The Honorable)00067251							
20 SCHEDULE SUBTOTA NAME OF SCHEDULE	SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X SCHEDUL	E A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2. X SCHEDUL	E A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X SCHEDUL	E B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X SCHEDUL	E E: LOANS		\$	0.00			
5. X SCHEDUL	E F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00			
6. X SCHEDUL	E F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X SCHEDUL	E F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00			
8. X SCHEDUL	E F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X SCHEDUL	E G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10. SCHEDUL	E H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. SCHEDUL	E I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12. SCHEDUL TO FILER	E K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$				

PLE	OGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	lains how to comple	ete this form.	1	Total pages Schedule E Sch: 1/1 Rpt: 4/5	3:
2 FILER N				3	Filer ID (Ethics Co	nmmission Filers)
<u></u>	Carlos O. (The Honorable)			+	00067251	
TOTAL	OF UNITEMIZED PLEDG	SES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	·	) 8	Amount of pledge (\$)	n-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code			, , , , , , , , , , , , , , , , , , ,	, , ,
					Check if travel outside of	Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	tructi	ons)	

	LOANS						SCHEDUL	ΕE
	The Instructio	n Guide explains how to co	mplete this fo	orm.		otal page: sch: 1/1 F	s Schedule E: Rpt: 5/5	
2	FILER NAME Garcia, Carlos C	). (The Honorable)				iler ID (I 0067251	Ethics Commission F	-ilers)
4	TOTAL OF UN	ITEMIZED LOANS			<b> </b>	\$		0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		) 9	Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
						13	1 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Inst	ructions)	•		
14	Description of Coll	ateral		15 Check if personal fu	ınds were dep	posited in	to political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19	9 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Inst	ructions)			

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00067251		2 Total pages fil	ed: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.			Date Received	
I WWE					ELECTRONICA	NIVELED
						ALLY FILED
	NICKNAME	LAST		SUFFIX	07/12/2023	
		Garcia				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER	P.O. Box 510					
MAILING ADDRESS					Receipt #	Amount
	Al' - TV 70000 0540					
Change of Address	Alice, TX 78333-0510				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Carlos O.				
INAIVIE						
	NICKNAME	LAST		SUFFIX		
		Garcia		301117		
		Garcia				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY;	SIA	ATE; ZIP CODE
ADDRESS	200 N. Almond St., #201					
(Residence or Business)						
(rissidence of Edemose)	Alice, TX 78332					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(361) 207-1002					
8 REPORT		_		_		
TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before	plantian $\square$	Exceeded modified	_	
	X July 15	our day before t	election	reporting limit	Final Report (Atta	icii C/On-FR)
<b>a</b> DEDIOD	Maratha Davi Vana			Maratha Davi		
9 PERIOD COVERED	Month Day Year	T1	IDOLICII	Month Day	Year	
	01/01/2023	IH	IROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year		rimary	Runoff	Other	
	11/03/2020	ХG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	District Attorney (Multi-cou	nty) District 70	Brooks lim	TE OFFICE 300GHT	(II KIIOWII)	
	Wells	inty) District 19	DIOOKS, SIIII			
		GO T	O PAGE 2			
			<del>-</del>			

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

13 C / OH NAME	Garcia, Carlos O. (Th	e Honorable)	<b>14</b> Filer ID 00067251	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or offic	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURE	ER NAME		
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (O ES OF LOANS, OR CONTRIBUTIONS		\$	0.00
	2. TOTAL POLITION (OTHER THAN I	OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$	2,238.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$	56,572.12
17 AFFIDAVIT	-				
			nder penalty of perjury, that the ac d includes all information required tion Code.		
			The Honorable Carlos O. Gar	rcia	
			Signature of Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid			day
of	, 20, to c	ertify which, witness my hand and seal o	of office.		
Ciamatura et e'''	oor administration	Drintod name of off and admiral	ing Title of off	or odesimists.	ng ooth
Signature of office	er auministering	Printed name of officer administer	ing Title of office	er administeri	ng oatn

## FORM C/OH COVER SHEET PG 3

				3 of 5	
18 FILER NAME Garcia, Carlos O. (Th	<b>19</b> Filer ID 00067251	(Ethics Commission	on Filers)		
20 SCHEDULE SUBTOTA NAME OF SCHEDULE	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. X SCHEDUL	E A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2. X SCHEDUL	E A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X SCHEDUL	E B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X SCHEDUL	E E: LOANS		\$	0.00	
5. X SCHEDUL	E F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00	
6. X SCHEDUL	E F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X SCHEDUL	E F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
8. X SCHEDUL	E F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X SCHEDUL	E G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10. SCHEDUL	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11. SCHEDUL	E I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

PLE	OGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	lains how to comple	ete this form.	1	Total pages Schedule E Sch: 1/1 Rpt: 4/5	3:
2 FILER N				3	Filer ID (Ethics Co	nmmission Filers)
<u></u>	Carlos O. (The Honorable)			+	00067251	
TOTAL	OF UNITEMIZED PLEDG	SES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	·	) 8	Amount of pledge (\$)	n-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code			, , , , , , , , , , , , , , , , , , ,	, , ,
					Check if travel outside of	Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	tructi	ons)	

	LOANS					SCHE	DULE <b>E</b>
	The Instruction	on Guide explains how t	o complete this f	orm.	1	pages Schedule E: L/1 Rpt: 5/5	
2	FILER NAME Garcia, Carlos C	D. (The Honorable)			3 Filer IE 00067	C (Ethics Commis 7251	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amoun	t (\$)
6	Is lender a financial institution?	8 Lender address; Cit	ty; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	•
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)	-	
14	Description of Coll  None	ateral		15 Check if personal funds v	vere deposite	ed into political acco (See Instruct	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guar	ranteed (\$)
	not applicable	<b>18</b> Guarantor address; Cit	ty; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ns)	L	

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00067251	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.				
IVAIVIL					Date Received	LLV EU ED
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/12/2024	
		Garcia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y:	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	P.O. Box 510		• ,			
MAILING ADDRESS	1 .O. Box 310				Receipt #	Amount
I						
Change of Address	Alice, TX 78333-0510				Date Processed	1
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER	Mr.	Carlos O.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Garcia		SUFFIX		
		Garcia				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	200 N. Almond St., #201					
(Residence or Business)						
(Nesidefice of Edsiriess)	Alice, TX 78332					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(361) 207-1002					
8 REPORT		_				
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (office	npaign treasurer
	July 15	8th day before	plaction $\square$	Exceeded modified	Final Report (Atta	
		J Still day belole t		reporting limit	Final Report (Atta	CIT C/OH-FK)
9 PERIOD	Month Day Year			Month Day	Voor	
9 PERIOD COVERED	Month Day Year	TL	IROUGH	Month Day	Year	
	07/01/2023	117	IKOOGH	12/31/202	3	
10 51 5051011	ELECTION DATE	-		ELECTION TVDE		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
	03/05/2024	∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-cou	ntv) District 79	Brooks. Jim		(	
	Wells	3,	,-			
		GO T	O PAGE 2			
I						

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Garcia, Carlos O. (The Honorable)  14 Filer ID  00067251				nission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	This box is for notice of political contributions accepted or political expenditures made by politic candidate / officeholder. These expenditures may have been made without the candidate's or occurrent. Candidates and officeholders are required to report this information only if they received						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	OMMITTEE NAME					
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,350.00			
CONTRIBUTION BALANCE	REPORTING PE			\$	888.57			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	56,572.12			
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		<b>-</b>						
			rable Carlos O. Garc Candidate or Officehold					
		Signature of	Candidate of Officerion	uci				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid	, this the		_ day			
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administerin	g oath			

					3 of 5
_	ER NAN		<b>19</b> Filer ID 00067251	(Ethics C	ommission Filers)
		arlos O. (The Honorable) E SUBTOTALS	00001231	T	
		SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	1,350.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to	complete this t	orm.		ges Schedule E: 1 Rpt: 4/5
2	FILER NAME Garcia, Carlos C	D. (The Honorable)				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<b>.</b>	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:	)	9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City	; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	uctions)	
14	Description of Coll	lateral		15 Check if personal fur	nds were deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City	; State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	uctions)	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/5	Garcia, Carlos O. (The Honorable) 00067251
4	Date	5 Payee name
	12/13/2023	KOPY FM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 731
		Alice, TX 78332
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Radio Ads.
		Radio Aus.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	11/11/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	P.O. Box 15707
	Ψ1,250.00	F.O. Box 13707
		Austin TV 70761
		Austin, TX 78761
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate filing fee for a place on the 2024 General
		Primary Ballot.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00067251	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Carlos O.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/08/2024	
		Garcia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 510				Receipt #	Amount
Change of Address	Alice, TX 78333-0510					
onange of Address	Alice, 17 76333-0310				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Carlos O.				
	NICKNAME	LAST		SUFFIX		
	INICKINAIVIE	Garcia		SUFFIX		
		Garcia				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	200 N. Almond St., #201					
(Residence or Business)						
	Alice, TX 78332					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(361) 207-1002					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	
		<b>_</b>		reporting limit		
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-cou Wells	nty) District 79	Brooks, Jim			
		GO T	O PAGE 2			

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Garcia, Carlos O. (Th	Garcia, Carlos O. (The Honorable)  14 Filer ID 00067251				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expen These expenditures may have been made witho officeholders are required to report this informa	ut the candidate's or offic	eholder's knowl	edge or	
Additional Pages	COMMITTEE TYPE	FEE TYPE COMMITTEE NAME				
Ŭ °	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAM				
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			414.20	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,302.77	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$	56,572.12	
<b>17</b> AFFIDAVIT		l swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required			
		The Ho	norable Carlos O. Gar	cia		
		Signature	of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	(	day	
of	, 20, to ce	rtify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering	oath	

## FORM C/OH COVER SHEET PG 3

				3 01 6	
18 FILER NAME Garcia, Carlo	(Ethics Commis	ssion Filers)			
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X S	SCHEDULE E: LOANS		\$	0.00	
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	888.57	
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	414.20	
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					
			•		

PLE	DGED CONTRIBUT	TIONS			sc	HEDULE B
т	he Instruction Guide exp	ains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/6	
2 FILER N				3	Filer ID (Ethics Commissi	on Filers)
Garcia,	Carlos O. (The Honorable)			+	00067251	
TOTAL	OF UNITEMIZED PLEDG	ES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		) 8		description oplicable)
	7 Pledgor Address;	City; State; Zip Code				,
				]	Check if travel outside of Texas.	Complete Schedule T.
10 Principal	occupation / Job title (See Instruc	ctions)	11 Employer (See Inst	ructi	ons)	

	LOANS					SCHEDULE E	
	The Instructio	n Guide explains how to	complete this f	orm.	1	ges Schedule E: 1 Rpt: 5/6	
2	FILER NAME Garcia, Carlos C	). (The Honorable)			3 Filer ID (Ethics Commission Filers) 00067251		
4	TOTAL OF UN	IITEMIZED LOANS			-1	\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructio	ns)		
14	Description of Coll None	ateral		15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructio	ns)		

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 1/1 Rpt: 6/6	Garcia, Carlos O. (The Honorable) 00067251				
4	Date	5 Payee name				
	03/05/2024	Hub City Association				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$450.00	1050 Cecilia Street				
		Alice, TX 78332				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Venue rental fee for election day results event.				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	01/31/2024	Jim Wells County Democratic Party				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$400.00	204 Dewey Ave.				
		Alice, TX 78332				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Jim Wells County Democratic Party Kickoff E				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	02/05/2024	Vistaprint				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$38.57	95 Hayden Ave				
		Lexington, MA 02421				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Political push cards.				
		1 onded publication.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

The C/OH Instruction (	ete this form.	1 Filer ID (Ethics Commis 00067251	sion Filers)	2 Total pages filed: 4			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
OFFICEHOLDER NAME	The Honorable	Carlos O.			Date Received		
					ELECTRONICA	III Y EII ED	
	NIO(4)AA45				01/13/2025	CLI I ILLD	
	NICKNAME	LAST		SUFFIX	01/13/2023		
		Garcia					
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING	P.O. Box 510						
ADDRESS					Receipt #	Amount	
Change of Address	Alice, TX 78333-0510						
	7 11100, 177 10000 0020				Date Processed		
					Data based		
					Date Imaged		
E CAMPAIGN	MC (MDC (MD	FIDOT					
5 CAMPAIGN TREASURER		FIRST		MI			
NAME	Mr.	Carlos O.					
		LAST		SUFFIX			
		Garcia					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	200 N. Almond St., #201						
(Residence or Business)	Alice, TX 78332						
7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION							
TREASURER (361) 207-1002							
8 REPORT		_			_		
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (office	npaign treasurer eholder only)	
	July 15	8th day before	election $\square$	Exceeded modified	Final Report (Atta		
		]		reporting limit		,	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2024	TH	IROUGH	12/31/202			
				,_,_	•		
10 ELECTION	ELECTION DATE	1		ELECTION TYPE			
	Month Day Year	ПР	rimary	Runoff	Other		
	11/05/2024		-				
		XIG	eneral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
District Attorney (Multi-county) District 79 Brooks, Jim							
Wells							
	·						
		GO T	O PAGE 2				
		00 1	J				

## FORM C/OH COVER SHEET PG 2

13 C / OH NAME	/ OH NAME Garcia, Carlos O. (The Honorable)  14 Filer ID 00067251			(Ethics Com	ımission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate.  CAL consent. Candidates and officeholders are required to report this information only if the					owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
ш .	GENERAL					
		COMMITTEE ADDRESS	,			
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIG	N TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTR ES OF LOANS, OR CONT			\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES			\$	450.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OU TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	56,572.12
17 AFFIDAVIT		true a	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.	of perjury, that the ac Il information required	companying to be reporte	report is ed by me
				rable Carlos O. Gard		
	Signature of Candidate or Officeholder					
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness my ha	and and seal of office.			
Signature of offi	cer administering	Printed name of office	cer administering	Title of office	er administer	ing oath

			3 of 4
<b>18</b> FILER NAI Garcia, C	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 450.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 4/4 Garcia, Carlos O. (The Honorable) 00067251 Date Payee name 11/05/2024 **Hub City Association** 6 Amount (\$) Payee address; City; State; Zip Code 1050 Cecilia Street \$450.00 Reimbursement from political contributions intended Alice, TX 78332 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Hall rental for election day results. Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH