CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: 24	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Jose | MI | NICKNAME | LAST: Garza | SUFFIX

4 ORIGINAL REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- Other (specify):

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
07	01	21	THROUGH	12	31	21

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

A mistake made in good faith omitted an in-kind contribution from the Real Justice PAC on the January 15 report due on January 18, 2022. This amended report correctly includes that in-kind contribution, and was filed within 14 business days of learning that the mistake occurred. This good-faith mistake was made without intent to mislead or misrepresent the information contained in the report.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [X] Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- [X] Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

ANTHONY MARTINEZ
NOTARY PUBLIC
STATE OF TEXAS
MY COMMISSION EXPIRES
DECEMBER 7, 2025
NOTARY ID: 133478841

Please complete either option below:

Sworn to and subscribed before me by Jose Garza this the 31st day of March, 20 21, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Anthony Martinez — Printed name of officer administering oath | PFR — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

2 Total pages filed: 23

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Jose | MI

NICKNAME | LAST: Garza | SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

[redacted]

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

8 REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 07/01/2021 THROUGH Month Day Year: 12/31/2021

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE:

- [ ] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [ ] Special

11 OFFICE

OFFICE HELD (if any): District Attorney Travis

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Garza, Jose	**14** Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,625.56
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 118.31
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,532.26
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 8,057.31
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

17 AFFIDAVIT

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering | Printed name of officer administering | Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID
Garza, Jose	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 625.56
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 3,000.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 2,532.26
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ]	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10.	[ ]	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
07/04/2021	Brosnan, Peter 416 N 21st Street Montebello, CA 90640	$1.00	social work trainer	LA County
08/08/2021	Brosnan, Peter 416 N 21st Street Montebello, CA 90640	$1.00	social work trainer	LA County
09/05/2021	Brosnan, Peter 416 N 21st Street Montebello, CA 90640	$1.00	social work trainer	LA County
10/10/2021	Brosnan, Peter 416 N 21st Street Montebello, CA 90640	$1.00	social work trainer	LA County
11/07/2021	Brosnan, Peter 416 N 21st Street Montebello, CA 90640	$1.00	social work trainer	LA County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
12/05/2021	Brosnan, Peter 6 Contributor address; City; State; Zip Code 416 N 21st Street Montebello, CA 90640	$1.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
social work trainer	LA County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/04/2021	Coyle, Patrick Contributor address; City; State; Zip Code 1371 Calais Ave Livermore, CA 94550	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/08/2021	Coyle, Patrick Contributor address; City; State; Zip Code 1371 Calais Ave Livermore, CA 94550	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/05/2021	Coyle, Patrick Contributor address; City; State; Zip Code 1371 Calais Ave Livermore, CA 94550	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2021	Coyle, Patrick Contributor address; City; State; Zip Code 1371 Calais Ave Livermore, CA 94550	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
11/07/2021	Coyle, Patrick	$1.00
	6 Contributor address; City; State; Zip Code: 1371 Calais Ave, Livermore, CA 94550	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/05/2021	Coyle, Patrick	$1.00
	Contributor address; City; State; Zip Code: 1371 Calais Ave, Livermore, CA 94550	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/01/2021	Dyson, William	$2.27
	Contributor address; City; State; Zip Code: 1909 S Juniper St, Philadelphia, PA 19148	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
System Administrator	UTRS inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/29/2021	Dyson, William	$2.27
	Contributor address; City; State; Zip Code: 1909 S Juniper St, Philadelphia, PA 19148	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
System Administrator	UTRS inc

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2021	Dyson, William	$2.27
	Contributor address; City; State; Zip Code: 1909 S Juniper St, Philadelphia, PA 19148	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
System Administrator	UTRS inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/31/2021	Dyson, William	1909 S Juniper St Philadelphia, PA 19148	$2.27	System Administrator	UTRS inc
11/28/2021	Dyson, William	1909 S Juniper St Philadelphia, PA 19148	$2.27	System Administrator	UTRS inc
12/26/2021	Dyson, William	1909 S Juniper St Philadelphia, PA 19148	$2.27	System Administrator	UTRS inc
07/11/2021	Falvey, Patrick	P.O.Box 1211 Greenfield, MA 01302	$1.00	Not Employed	Not Employed
08/08/2021	Falvey, Patrick	P.O.Box 1211 Greenfield, MA 01302	$1.00	Not Employed	Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
09/05/2021	Falvey, Patrick P.O.Box 1211 Greenfield, MA 01302	$1.00	Not Employed	Not Employed
10/10/2021	Falvey, Patrick P.O.Box 1211 Greenfield, MA 01302	$1.00	Not Employed	Not Employed
11/07/2021	Falvey, Patrick P.O.Box 1211 Greenfield, MA 01302	$1.00	Not Employed	Not Employed
12/05/2021	Falvey, Patrick P.O.Box 1211 Greenfield, MA 01302	$1.00	Not Employed	Not Employed
09/30/2021	Garay, Rocio 4941 Valley blvd Los Angeles, CA 90032-3316	$25.00	Business owner	Vhcw inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
07/11/2021	Gonzalez, Lola	$2.27
	6 Contributor address; City; State; Zip Code: 785 s 25th pl, Cornelius, OR 97113	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Hr	Acumed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2021	Gonzalez, Lola	$2.27
	Contributor address; City; State; Zip Code: 785 s 25th pl, Cornelius, OR 97113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Hr	Acumed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2021	Gonzalez, Lola	$2.27
	Contributor address; City; State; Zip Code: 785 s 25th pl, Cornelius, OR 97113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Hr	Acumed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2021	Gonzalez, Lola	$2.27
	Contributor address; City; State; Zip Code: 785 s 25th pl, Cornelius, OR 97113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Hr	Acumed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/07/2021	Gonzalez, Lola	$2.27
	Contributor address; City; State; Zip Code: 785 s 25th pl, Cornelius, OR 97113	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Hr	Acumed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
12/05/2021	Gonzalez, Lola 785 s 25th pl Cornelius, OR 97113	$2.27	Hr	Acumed
08/01/2021	Hayes, Michael 448 Doe Meadow Drive Owings Mills, MD 21117	$50.00	Director	U.S. Labor Department
08/29/2021	Hayes, Michael 448 Doe Meadow Drive Owings Mills, MD 21117	$50.00	Director	U.S. Labor Department
09/30/2021	Hayes, Michael 448 Doe Meadow Drive Owings Mills, MD 21117	$50.00	Director	U.S. Labor Department
10/31/2021	Hayes, Michael 448 Doe Meadow Drive Owings Mills, MD 21117	$50.00	Director	U.S. Labor Department

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/23

2 FILER NAME: Garza, Jose

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
12/05/2021	Hayes, Michael 6 Contributor address; City; State; Zip Code 448 Doe Meadow Drive Owings Mills, MD 21117	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Director	U.S. Labor Department

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/31/2021	Hayes, Michael Contributor address; City; State; Zip Code 448 Doe Meadow Drive Owings Mills, MD 21117	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director	U.S. Labor Department

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/04/2021	Hibben, Mark Contributor address; City; State; Zip Code 98 Lincoln Street Portland, ME 04103	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Professor	Saint Joseph's College

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/08/2021	Hibben, Mark Contributor address; City; State; Zip Code 98 Lincoln Street Portland, ME 04103	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Professor	Saint Joseph's College

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/05/2021	Hibben, Mark Contributor address; City; State; Zip Code 98 Lincoln Street Portland, ME 04103	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Professor	Saint Joseph's College

TX 53 Garza, Jose EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/jrckgwnx97318okob5hlr1dpq1gqvbk6