

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: **10**

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Viola

M

NICKNAME

LAST

SUFFIX

Garca

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7666 Athlone Dr.
Houston, TX 77088

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

447-0077

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Anne-Marie

NICKNAME

LAST

SUFFIX

Hazzan

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

6443 St. Bernadette Drive

Spring

TX

77379

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

817-3762

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

8

/

22

/

23

THROUGH

Month

Day

Year

9

/

28

/

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

/

7

/

23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Aldine ISD Board Pos. # 7

13 OFFICE SOUGHT (if known)

Aldine ISD Board Pos # 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---------------------------------|---|--|
| 15 C/OH NAME Viola M. Garcia | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 225.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 7,435.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,369.03 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 4,065.97 |
| OUTSTANDING LOAN TOTALS | 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.

Viola M. Garcia

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

OR

(2) Unsworn Declaration

My name is VIOLA M. GARCIA, and my date of birth is 12/7/1949.
 My address is 7666 Athlone Dr., HOUSTON, TX, 77088, USA.
(street) (city) (state) (zip code) (country)
 Executed in HARRIS County, State of TEXAS, on the 6th day of October, 2023.
(month) (year)
Viola M. Garcia
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Viola M. Garcia

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 7,435.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,369.03 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Viola M. Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/25/23 | 5 Full name of contributor Viola M. Garcia out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) \$ 315 |
| 6 Contributor address; City; State; Zip Code 7666 Athlone Ar. Houston TX 77088 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A |
| Date 8/25/23 | Full name of contributor 2019 Campaign Acct out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$ 185 |
| Contributor address; City; State; Zip Code From 2019 Prosperity Bank Acct Aldine Citizens Committed to Educational | | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |
| Date 9/6/23 | Full name of contributor Selvia Chapau out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$ 200 |
| Contributor address; City; State; Zip Code 30511 Imperial Legends Springs, TX 77386 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Weichert Realtors |
| Date 9/7/23 | Full name of contributor Anna Reger out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$ 100 |
| Contributor address; City; State; Zip Code 3250 Bingle Rd Houston 77055 | | |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) Flip Lok |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME
Viola M. Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
9/7/23

5 Full name of contributor out-of-state PAC (ID#: _____)
Sonny Donaldson

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code
**107 Turnberry Ct. Montgomery, TX
77316**

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
N/A

Date
9/7/23

Full name of contributor out-of-state PAC (ID#: _____)
James D. Rice

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
**5402 Oban Terrace Ln Sugar Land
77479**

Principal occupation / Job title (See Instructions)
CONSULTANT

Employer (See Instructions)
Rice + Gardner Consultants

Date
9/9/23

Full name of contributor out-of-state PAC (ID#: _____)
Wayne Norden

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
**5222 Council Grove Ln. Houston
77066**

Principal occupation / Job title (See Instructions)
President / Mgmt. District

Employer (See Instructions)
NEAR NW MGMT. DISTRICT

Date
9/7/23

Full name of contributor out-of-state PAC (ID#: _____)
Bettie Stubblefield

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
**23684 Elmwood Dr. Porter, TX
77365**

Principal occupation / Job title (See Instructions)
RETIRED.

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Viola M. Garcia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/12/23 + 9/13/23 | 5 Full name of contributor out-of-state PAC (ID#: _____) Aggregate CASH ≤ \$150.00 6 Contributor address; City; State; Zip Code 5 VARIOUS DONORS | 7 Amount of contribution (\$) \$ 225.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) N/A |
| Date 9/13/23 | Full name of contributor out-of-state PAC (ID#: _____) Raymond Stubblefield Contributor address; City; State; Zip Code 205 AVENUE OF OAKS HOUSTON, TX 77009 | Amount of contribution (\$) \$ 260.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) N/A |
| Date 9/13/23 | Full name of contributor out-of-state PAC (ID#: _____) MARIANA Sanchez Contributor address; City; State; Zip Code 10202 Ripple Lake Dr. HOUSTON 77065 | Amount of contribution (\$) \$ 250.00 |
| Principal occupation / Job title (See Instructions) Bonding Founder-Non Profit | | Employer (See Instructions) Bonding Against Adversity |
| Date 9/13/23 | Full name of contributor out-of-state PAC (ID#: _____) Noe Almaguer Contributor address; City; State; Zip Code 18922 Greater OAKS ct. HOUSTON 77084 | Amount of contribution (\$) \$ 1000.00 |
| Principal occupation / Job title (See Instructions) AIA Principal | | Employer (See Instructions) MWA Architects |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **5**

2 FILER NAME
Viola M. Garcia

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/23

5 Full name of contributor out-of-state PAC (ID#: _____)
Judy Hoyau

7 Amount of contribution (\$)
\$ 100

6 Contributor address; City; State; Zip Code
1206 Sunny Dr. Houston TX 77037

8 Principal occupation / Job title (See Instructions)
Coordinator

9 Employer (See Instructions)
Aldine Educ. Foundation

Date
9/13/23

Full name of contributor out-of-state PAC (ID#: _____)
Nereida + Horacio Gomez

Amount of contribution (\$)
\$ 1500

Contributor address; City; State; Zip Code
3030 Commerce St. Houston 77003

Principal occupation / Job title (See Instructions)
AIA Principal

Employer (See Instructions)
MWA Architects.

Date
9/13/23

Full name of contributor out-of-state PAC (ID#: _____)
William Plummer

Amount of contribution (\$)
\$ 200

Contributor address; City; State; Zip Code
3611 Cherry Forest Dr. Houston 77088

Principal occupation / Job title (See Instructions)
Retired.

Employer (See Instructions)
N/A.

Date
9/13/23

Full name of contributor out-of-state PAC (ID#: _____)
Rose Analos Election Fund.

Amount of contribution (\$)
\$ 1000.00

Contributor address; City; State; Zip Code
2907 Trauick Ln Houston 77073

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **5**

2 FILER NAME
Viola M. Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/23

5 Full name of contributor out-of-state PAC (ID#: _____)
Arturo Morillo

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
354 County Fair Dr. Houston 77060

8 Principal occupation / Job title (See Instructions)
Sr. Public Affairs Specialist

9 Employer (See Instructions)
METRO Houston

Date

9/15/23

Full name of contributor out-of-state PAC (ID#: _____)
WANDA Bamberg

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code
6607 Misty Spring Ln. Spring, TX 71379

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

9/12/23

Full name of contributor out-of-state PAC (ID#: _____)
Emily Cole

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
1222 Cortaudt St. Houston 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/23

Full name of contributor out-of-state PAC (ID#: _____)
Rolando + Karen Garcia

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code
46 E. Rivercrest Dr. Houston 77042

Principal occupation / Job title (See Instructions)
Shareholder

Employer (See Instructions)
Greenberg Traurig LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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.

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

| | |
|-------------------|---------------------------------|
| 4 Date 9/13/23 | 5 Payee name SPANISH FLOWERS |
|-------------------|---------------------------------|

| | | | | |
|----------------------------|---|---------------------|--------------|-------------------|
| 6 Amount (\$) \$ 573.92 | 7 Payee address; 14915 North Freeway | City; Houston TX | State; TX | Zip Code 77090 |
|----------------------------|---|---------------------|--------------|-------------------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event + Food/Beverage Expense | (b) Description Campaign Fundraiser event. |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------------------|
| Date 9/13/23 | Payee name Sprint to Print. |
|-----------------|--------------------------------|

| | | | | |
|-------------------------|--------------------------------------|----------------------|--------------|-------------------|
| Amount (\$) \$281.45 | Payee address; 8748 Clay Rd # 300 | City; Houston, TX | State; TX | Zip Code 77080 |
|-------------------------|--------------------------------------|----------------------|--------------|-------------------|

| | | |
|-------------------------------|---|-------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Campaign. Push CARDS |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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

| | |
|-----------------|--------------------|
| Date 9/19/23 | Payee name USPS |
|-----------------|--------------------|

| | | | | |
|------------------------|--|---------------------|--------------|-------------------|
| Amount (\$) \$66.00 | Payee address; 7511 N. Shepherd Dr. | City; Houston TX | State; TX | Zip Code 77088 |
|------------------------|--|---------------------|--------------|-------------------|

| | | |
|-------------------------------|---|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) MAILING / ADVERTISING Expense | Description 100 Stamps |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 Viola M Garcia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/19/23 | 5 Payee name Thelma Cantu | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 11015 CATAMORE Houston TX 77076 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR SALARY Expense | (b) Description Social Media Updates + upkeep |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 9/28/23 | Payee name Sprint 2 Print. | |
| Amount (\$) \$2232.66 | Payee address; City; State; Zip Code 8748 Clay Rd #300 HOUSTON 77080 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing/Advertising Expense | Description Campaign Push CARDS + yard Signs |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 9/28/23 | Payee name Chase Banking Services. | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code N/A | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Banking Fee | Description Monthly Acct. Fee |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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