

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: **13**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Viola

M

NICKNAME

LAST

SUFFIX

Garca

OFFICE USE ONLY

Date Received

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

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Anne-Marie

NICKNAME

LAST

SUFFIX

Hazzan

Receipt #

Amount \$

Date Processed

Date Imaged

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

10

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)	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,160.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,117.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,042.91
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 12/07/1949
 My address is 7666 Atholue Dr., HOUSTON, TX, 77088, USA
(street) (state) (zip code) (country)
 Executed in Harris County, State of TX, on the 27th 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		\$ 9,160.00
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		\$ 5,117.09
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: 6
2 FILER NAME Viola M. Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/23	5 Full name of contributor out-of-state PAC (ID#: _____) Viola M. Garcia	7 Amount of contribution (\$) \$ 315
6 Contributor address; City; State; Zip Code 7666 Athlove 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 out-of-state PAC (ID#: _____) 2019 Campaign Acct	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 out-of-state PAC (ID#: _____) Selvia Chapau	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 out-of-state PAC (ID#: _____) Anna Reger	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) FLIPLOK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
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
<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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
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 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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
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 Hoya	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
<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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
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 Springs Ln. Spring, TX 77379		
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 Cortlandt 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
<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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Viola M. Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/23	5 Full name of contributor out-of-state PAC (ID#: _____) Arthur C. Reyna	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code PO Box 681435, San Antonio TX 78268		
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) ART REYNA ASSOCIATES.
Date 10/11/23	Full name of contributor out-of-state PAC (ID#: _____) Sylvia GARCIA	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code PO Box 8530 HOUSTON 77249		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/23	Full name of contributor out-of-state PAC (ID#: _____) CONCEPTION ESPARZA	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 2823 Woodgate Ave. Houston 77039		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/24/23	Full name of contributor out-of-state PAC (ID#: _____) Aggregate Cash < \$50	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code I donor		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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)
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4 Date 9/13/23	5 Payee name SPANISH FLOWERS
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6 Amount (\$) \$ 573.92	7 Payee address; 14915 North Freeway	City: Houston	State: TX	Zip Code 77090
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/13/23	Payee name SPRINT to PRINT.
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Amount (\$) \$281.45	Payee address; 8748 Clay Rd # 300	City: Houston	State: TX	Zip Code 77080
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/23	Payee name USPS
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Amount (\$) \$66.00	Payee address; 7511 N. Shepherd Dr.	City: Houston	State: TX	Zip Code 77088
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 9/19/23	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

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	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 10/6/23	5 Payee name SPRINT to PRINT	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 8748 Clay Rd. Houston TX 77080 #300	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing/Advertising expense	(b) Description Push cards
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/11/23	Payee name Thelma CASTU	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 11015 CATAMORE HOUSTON TX 77076	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR Salary Expense	Description Social Media Updates + Upkeep
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/17/23	Payee name SPRINT to PRINT	
Amount (\$) \$338.28	Payee address; City; State; Zip Code 8748 Clay Rd #300 Houston TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Advertising Expense	Description CAMPAIGN T-SHIRTS
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

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	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)
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4 Date 10/20/23	5 Payee name LP Printing
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6 Amount (\$) \$729.78	7 Payee address; 3029 Crossview Dr.	City; Houston	State; TX	Zip Code 77063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing/Advertising Expense	(b) Description Mail out 4x6 CARDS
	(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 10/26/23	Payee name SPANISH FLOWERS
------------------	-------------------------------

Amount (\$) \$ 30.00	Payee address; 14915 North Fay.	City; Houston	State; TX	Zip Code 77090
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Deposit for event.
	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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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