

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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> Juan Tomas "Johnny" Garcia </div> | | OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> DEC 02 2019 CITY OF EDINBURG Date Received or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div> | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> Debra Denise "Debbie" Gomez </div> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2814 Araya St. Edinburg, TX 78539 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 219-5804 | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | Month Day Year 10 / 28 / 19 THROUGH 12 / 2 / 2019 | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 12 / 10 / 19 </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | N/A | City Council Place 3 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

NONE

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 22,723.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9,754.30

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 13,168.70

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Juan T. Garcia
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Juan T. Garcia, this the 2nd day of December, 2019, to certify which, witness my hand and seal of office.

Elizabet Rodriguez
Signature of officer administering oath

Elizabeth Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|--------------|
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 22,723.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 9548.02 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 206.28 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/19

5 Full name of contributor

Alonzo Lopez

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

1421 Oaks Rd Edinburg TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/7/19

Full name of contributor

Manuel Del Barrio

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/19

Full name of contributor

Matias Pena, Jr.

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

13303 N. 281 Edinburg TX 78541

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/19

Full name of contributor

Rene Ramirez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

1508 S. Lone Star Way Unit #1 Edinburg TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Alex Davila

7 Amount of contribution (\$)

\$501.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/11/19

Full name of contributor

☐ out-of-state PAC (ID#:

Roman Gabriel Rodriguez

Amount of contribution (\$)

\$400.00

Contributor address;

City;

State;

Zip Code

307 Quartz St. Edinburg TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

Noie Hesbrook III

Amount of contribution (\$)

\$320.00

Contributor address;

City;

State;

Zip Code

P.O. Box 1854 Edinburg, TX 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/19

Full name of contributor

☐ out-of-state PAC (ID#:

Joe Rodriguez

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Armando Barrera

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Red Rock Real Estate

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Burns Brothers LTD

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Katherine G. Perez

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Contreras, Gutierrez and Associates

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

Alfonso Quintanilla

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

Fred Palacios

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

Bruce Goldman

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tama Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

HI Starr Investment LLC

7 Amount of contribution (\$)

\$1,500.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

Richard A. Garza

Amount of contribution (\$)

\$1777.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/19

Full name of contributor

☐ out-of-state PAC (ID#:

Calixto Hernandez

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/19

Full name of contributor

☐ out-of-state PAC (ID#:

Saul Ortega

Amount of contribution (\$)

\$750.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2019

5 Full name of contributor

☐ out-of-state PAC (ID#)

Winebarger, Grogan, Blair + Sampson LLC

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

P.O. Box 17428 78760

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/21/19

Full name of contributor

☐ out-of-state PAC (ID#)

Julio C. Cerda

Amount of contribution (\$)

\$2,000.00

Contributor address;

City;

State;

Zip Code

2820 N. Stewart Rd Mission TX 78574-2183

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

Gilbert Enriquez

Amount of contribution (\$)

\$3,500.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

CSJ Group

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 34460 Edinburg TX 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jose Rodriguez

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/20/19

Full name of contributor

☐ out-of-state PAC (ID#:

Helen Santiago, Norma Alonzo, Elvira Delagarza

Amount of contribution (\$)

\$75.00

Contributor address;

City;

State;

Zip Code

923 S. 5th Ave Edinburg TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/19

Full name of contributor

☐ out-of-state PAC (ID#:

Eliazar Rodriguez

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Juan "Johnny" Thomas Garcia

3 Filer ID (Ethics Commission Filers)

4

5 Date

6 Full name of contributor

☐ out-of-state PAC (ID#:

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:

7 Pledgor address;

City;

State;

Zip Code

8 Amount of Pledge \$

9 In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City;

State;

Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City;

State;

Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City;

State;

Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

NONE

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 / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15

☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

☐

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Juan "Johnny" Tomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>11/5/19</i> | | 5 Payee name <i>Sam's Club</i> | | | |
| 6 Amount (\$) <i>\$29.98</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</i> | | (b) Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date <i>11/7/19</i> | | Candidate / Officeholder name | | | |
| Payee name <i>Veteran's Day Parade Float Entry Fee</i> | | Office sought | | | |
| Amount (\$) <i>\$250.00</i> | | Office held | | | |
| Payee address; City; State; Zip Code <i>1906 S. Closher Blvd. Edinburg TX 78539</i> | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date <i>11/7/19</i> | | Candidate / Officeholder name | | | |
| Payee name <i>The Print Shop at Shipping Depot</i> | | Office sought | | | |
| Amount (\$) <i>\$2,289.49</i> | | Office held | | | |
| Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date | | Candidate / Officeholder name | | | |
| Payee name | | Office sought | | | |
| Amount (\$) | | Office held | | | |
| Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|-----------------|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>John "Johnny" Thomas Garza</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>11/9/19</i> | | 5 Payee name <i>Beverly's Hardware</i> | | | |
| 6 Amount (\$) <i>\$53.98</i> | | 7 Payee address; City; State; Zip Code <i>715 E. University Edinburg TX 78541</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| | | | | | |
| Date <i>11/11/19</i> | | Payee name <i>Dollar Tree</i> | | | |
| Amount (\$) <i>\$4.33</i> | | Payee address; City; State; Zip Code <i>1009 S. Closher Blvd Edinburg TX 78539</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| | | | | | |
| Date <i>11/11/19</i> | | Payee name <i>HEB</i> | | | |
| Amount (\$) <i>\$187.14</i> | | Payee address; City; State; Zip Code <i>1212 S. Closher Edinburg TX 78539</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|-----------------|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Juan "Johnny" Tomas Garcia | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/11/19 | | 5 Payee name Staples | | | |
| 6 Amount (\$) \$205.00 | | 7 Payee address; City; State; Zip Code 1606 W. University Dr. Edenburg TX 78539 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Office sought Office held | | | |
| Date 11/11/19 | | Payee name The Print Shop & Shipping Depot | | | |
| Amount (\$) \$913.03 | | Payee address; City; State; Zip Code 701 N. Avaloso Ste E Rosarito Grande City TX 78582 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Office sought Office held | | | |
| Date 11/13/19 | | Payee name LAMAR Advertising Company | | | |
| Amount (\$) \$1,175.00 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Juan "Johnny" Tomas Garza | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/14/19 | 5 Payee name I Designs | |
| 6 Amount (\$) \$203.75 | 7 Payee address; City; State; Zip Code 2106 E Richards Rd. Edinburg TX 78542 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | |

| | | | |
|--|---|-------------|--|
| Date 11/15/19 | Payee name Beverly's Hardware | | |
| Amount (\$) 53.57 | Payee address; City; State; Zip Code P.O. Box 116 Edinburg TX 78540 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |

| | | | |
|--|---|-------------|--|
| Date 11/19/19 | Payee name Echo Hotel Conference Center | | |
| Amount (\$) \$1446.17 | Payee address; City; State; Zip Code 1903 South Closer Blvd Edinburg TX 78539 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1 | | 2 FILER NAME Juan "Johnny" Tomas Garcia | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/25/19 | | 5 Payee name Walmart | | | |
| 6 Amount (\$) \$196.03 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| Date Payee name | | | | | |
| 11/25/19 Staples | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | |
| \$20.50 1606 W. University Dr. Edinburg TX 78539 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| Date Payee name | | | | | |
| 11/25/19 HERB | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | |
| 75.39 1812 S. Clopper Edinburg TX 78539 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |

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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|-----------------|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>John "Johnny" Thomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>11/26/19</i> | | 5 Payee name <i>Priscilla Olwarez</i> | | | |
| 6 Amount (\$) <i>\$250.00</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| Date <i>11/27/19</i> | | Payee name <i>Little Caesars</i> | | | |
| Amount (\$) <i>43.99</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i> | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |
| Date <i>11/26/19</i> | | Payee name <i>Upper Valley Mail Services</i> | | | |
| Amount (\$) <i>\$1,350.00</i> | | Payee address; City; State; Zip Code <i>1418 Beech Ave #109 McAllen TX 78501</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |

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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|---|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Juan "Johnny" Thomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>11/20/19</i> | | 5 Payee name <i>Paper Printing</i> | | | |
| 6 Amount (\$) <i>714.45</i> | | 7 Payee address; City; State; Zip Code <i>300 E. Interstate 2 Suite E Pearre TX 78577</i> | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | | (b) Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date <i>11/22/19</i> | | Payee name <i>The Print Shop at Shipping Depot</i> | | | |
| Amount (\$) <i>\$135.00</i> | | Payee address; City; State; Zip Code <i>Printing Expense</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Juan "Johnny" Thomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name <i>Eduardo Lozano</i> | | |
| 6 Amount (\$) <i>\$170.00</i> | 7 Payee address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food</i> | | (b) Description <i>dessert for event</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date <i>12/2/19</i> | Payee name <i>Facebook Boost</i> | | |
| Amount (\$) <i>\$24.08</i> | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 FILER NAME **Juan "Johnny" Garcia** 3 Filer ID (Ethics Commission Filers)

4

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; **NONE** City; State; Zip Code

9 TYPE OF EXPENDITURE ☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) (b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

TYPE OF EXPENDITURE ☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

Juan "Johnny" Tomas Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

NONE

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|---------------------------------------|
| 1 Total pages Schedule F4: | 2 FILER NAME <i>Juan "Johnny" Toma Garcia</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 | | | |
| 5 Date | 6 Payee name <i>NONE</i> | | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|--|-----------------|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Juan "Johnny" Tomas Garcia</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name <i>NONE</i> | | | |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Candidate / Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Candidate / Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Candidate / Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Candidate / Officeholder name Office sought Office held | | | | |

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|-----------------|---------------------------------------|
| 1 Total pages Schedule H: | 2 FILER NAME <i>John "Johnny" Thomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name <i>NONE</i> | | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME <i>Juan "Johnny" Tomas Garcia</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/10/19</i> | 5 Payee name <i>Wibby's</i> | |
| 6 Amount (\$) <i>\$800.00</i> | 7 Payee address; | City State Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) <i>Food / Beverage</i> | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: |
| 2 FILER NAME <i>Juan "Johnny" Tomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received <div style="text-align: center; font-size: 1.5em; margin-top: 10px;"><i>NONE</i></div> | 8 Amount (\$) |
| 6 Address of person from whom amount is received; City; State; Zip Code | | |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

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SCHEDULE

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: | |
| 2 FILER NAME <i>Juan "Johnny" Tomas Garcia</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>NONE</i> | | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | | |
| 6 Dates of travel | 7 Name of person(s) travelling | | |
| | 8 Departure city or name of departure location | | |
| | 9 Destination city or name of destination location | | |
| 10 Means of transportation | | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | | |
| Dates of travel | Name of person(s) travelling | | |
| | Departure city or name of departure location | | |
| | Destination city or name of destination location | | |
| Means of transportation | | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | | |
| Dates of travel | Name of person(s) traveling | | |
| | Departure city or name of departure location | | |
| | Destination city or name of destination location | | |
| Means of transportation | | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | | |
| Dates of travel | Name of person(s) traveling | | |
| | Departure city or name of departure location | | |
| | Destination city or name of destination location | | |
| Means of transportation | | Purpose of travel (including name of conference, seminar, or other event) | |

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.