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	MS / MRS / MR	FIRST Noralinda	Gonzalez	OFFICE USE ONLY
	NICKNAME	Garza	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	(; APT / SUITE #; C	ITY; STATE; ZIP CODE	RECEIVED 07/15/2022 A. Carrillo
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 605-7142	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Aissa	llianna	Receipt # Amount \$
NAME	NICKNAME	LAST	************************************	Date Processed
	NICKNAME	Garza	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE #; CITY:	STATE; ZIP CODE
TREASURER ADDRESS	2110 Turtle	Ln Mission, TX 7857	2	
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(210)	532-4772		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	4	/ 29 / ₂₀₂₂	THROUGH 6	/ 30 / 2022
11 ELECTION	ELECTION DA	νie	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	6 / 11 /	22 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	·		City of Mission May	I
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		TEL REGERE NOTICE OF SOUTEXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE		
	0	COMMITTEE CAMPAIGN TREA	NUMER ADDRESS	
		GO TO F	PAGE 2	
		30101		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Noralir	nda Gonzalez Garza	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)	^{\$} 49,943.75
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,943.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 127,815.02
	4. TOTAL POLITICAL EXPENDITURES	\$ 127,815.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY - \$ 0
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	^{= THE} \$ 80,000
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	hab barge ndidate or Officeholder
	Please complete either option below	/:
(1) Affindavit	MONICA RODRIGUEZ PALOS	
(1) Affidavit	Comm. Expires 01-21-2024	
-	Notary ID 132321147	
NOTARY STAMP/SEAL	before me by Noralinda 6. Garza this the	15th day of July
00	which, witness my hand and seal of office.	
- SSI	- Monica Rodriguez Palos	Natin
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaratio	on	
My name is	, and my date of birth is	
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA	AME .	20 Filer ID (Ethics Co	mmission Filers)	
	Norali	nda Gonzalez Garza			
		LE SUBTOTALS = SCHEDULE		SUBTOTAL AMOUNT	
1.8	Χ	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,443.75	
3.		\$			
4.	X	SCHEDULE E: LOANS		\$ 80,000	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 118,083.63	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ \$9,731.39	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
1æ		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

The	Instruction Guide explains how	to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME Noralind	a Gonzalez Garza			3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor			7 Amount of contribution (\$)
6/30/22			State; Zip Code	\$1,500
B Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ictions)
Date	Full name of contributor Enrique Flores	out-of-state f	PAC (ID#:)	Amount of contribution (\$)
6/14/22	***********		State; Zip Code	\$500
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributorout-of-state PAC (ID#:) Julio & Maria Del Refugio Cedra			
6/13/22	Contributor address;	City;	State; Zip Code	\$5,000
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date 6/7/22	Full name of contributor		PAC (ID#:)	Amount of contribution (\$)
011722	Ramo Ignacio Pecina Contributor address;	City;	State; Zip Code	\$500
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)

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Т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAI Noralir	^{м⊨} nda Gonzalez Garza		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	e PAC (ID#:)	7 Amount of contribution (\$)
6/7/22	Saul & Kellyw Ortego 6 Contributor address; City; State; Zip Code		\$2,500
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	≥ PAC (ID#)	Amount of contribution (\$)
6/7/22	Maria G. Reyna		
	Contributor address; City;	State; Zip Code	\$200
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)	
6/7/22	Proceedings Company		\$ 400
	Contributor address; City;	State; Zip Code	\$100
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		• PAC (ID#:)	Amount of contribution (\$)
6/7/22	Mario & Aminta Flores		\$250
	Contributor address; City;	State; Zip Code	Ψ200
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	ions)

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Ī	Th	e Instruction Guide explains ho	w to complete t	his form.	1 Total pages Schedule A1;
	2 FILER NAM	₌ nda Gonzalez Garza			3 Filer ID (Ethics Commission Filers)
	4 Date	5 Full name of contributor Jacinto Garza	oul-of-state	PAC (ID#:)	7 Amount of contribution (\$)
	6/2/22	6 Contributor address;	City;	State; Zip Code	\$2,000
	8 Principal occ	upation / Job title (See Instruction	s)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
 	6/2/22	Joe Olivarez Contributor address;	City;	State; Zip Code	\$2,000
	Principal occ	upation / Job title (See Instructions	;)	Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state	PAC (ID#)	Amount of contribution (\$)
	6/2/22	Pablo Garza Contributor address;	City;	State; Zip Code	\$2,000
	Principal occ	upation / Job title (See Instructions	5 si	Employer (See Instruc	ctions)
	Date	Full name of contributor	Out-of-state	PAC (ID#:)	Amount of contribution (\$)
	6/2/22	Erasmo Lopez Contributor address;	City;	State; Zip Code	\$2,000
	Principal occ	upation / Job title (See Instructions	3)	Employer (See Instruc	ctions)

'	he Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1
2 FILER NA	ΛE	3 Filer ID (Ethics Commission Filers	
4 Date	5 Full name of contributor Out-of-state P	7 Amount of contribution (\$)	
6/2/22	6 Contributor address; City;	SON State; Zip Code	\$1,500
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	
6/2/22	Corina Gutierrez	, (D#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	\$1,000
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 6/2/22	Full name of contributor 🛛 out-of-state P	AC (ID#:)	Amount of contribution (\$)
U.L.L		State; Zip Code	\$500
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state P	AC (ID#:)	Amount of contribution (\$)
6/2/22	Perdue Brandon Fielder Collins 8	Mott LLP	
	Contributor address; City;	State; Zip Code	\$500
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)

	he Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
FILER NAM	ΛË	3 Filer ID (Ethics Commission Filers	
Norberto Salinas		7 Amount of contribution (\$)	
6/1/22	6 Contributor address; City;	State; Zip Code	\$5,000
Principal of	ccupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
6/1/22	Contributor address; City;	State; Zip Code	\$2,000
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state if	PAC (ID#:)	Amount of contribution (\$)
			\$500
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
6/1/22	JOIGAN P. GOIOSCNMIOI Contributor address; City;	State; Zip Code	\$500
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date 5/1/22 Principal oc Date 5/1/22 Principal oc Date 5/1/22 Principal oc Date 5/1/22	5/1/22 Norberto Salinas 6 Contributor address; City; Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state 5/1/22 Ricardo Guerra Contributor address; City; Principal occupation / Job title (See Instructions) Date Full name of contributor S/1/22 Contributor address; Date Full name of contributor Jordan P. Goldschmidt Out-of-state	Date 5 Full name of contributor out-of-state PAC (ID#:) 5/1/22 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Date Full name of contributor out-of-state PAC (ID#:) Ricardo Guerra Contributor address; City; State; Zip Code S/1/22 Ricardo Guerra City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code S/1/22 Luis Cavazos City; State; Zip Code Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Jordan P. Goldschmidt Date Full name of contributor out-of-state PAC (ID#:) Jordan P. Goldschmidt Jordan P. Goldschmidt

Revised 8/17/2020

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Th	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	<u>-</u>		3 Filer ID (Ethics Commission Filers)
1 Date 6/1/22	5 Full name of contributor □ out-of-state PA Ricardo & Nancy Filizola 6 Contributor address; City;	AC (ID#:) State; Zip Code	7 Amount of contribution (\$) \$500
B Principal occ	upation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)	Amount of contribution (\$)
5/25/22	Contributor address; City;	State; Zip Code	\$250
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 5/25/22	Full name of contributor Leo Montalvo Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 5/25/22	Full name of contributor Marcus Montalvo	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	\$500
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)

Т	he Instruction Guide explains ho	1 Total pages Schedule A1:		
2 FILER NAM Norali	nda Gonzalez Garza	3 Filer ID (Ethics Commission Filers		
4 Date 5/25/22	5 Full name of contributor		7 Amount of contribution (\$)	
	6 Contributor address;	City;	State; Zip Code	\$1,000
8 Principal oc	ccupation / Job title (See Instructions	5)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	oul-of-state	PAC (ID#:)	Amount of contribution (\$)
5/25/22	RJ Garza Contributor address;	City;	State; Zip Code	\$1,000
Principal occ	cupation / Job title (See Instructions))	Employer (See Instruc	ctions)
Date 5/25/22	Full name of contributor Rene Ramirez	oul-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$2,500
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 5/25/22	Full name of contributor Armando Aguilar	out-of-state	PAC (ID#:)	Amount of contribution (\$)
0/20/22	Contributor address;	City;	State; Zip Code	\$2,500
Principal oc	cupation / Job title (See Instructions)	Employer (See Instru	ctions)

	The Instruction Guide explains how t	1 Total pages Schedule A1:		
2 FILER NA				3 Filer ID (Ethics Commission Filers
	da Gonzalez Garza			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Amanda Saldana		7 Amount of contribution (\$)	
5/25/22	6 Contributor address;	City;	State; Zip Code	\$2,500
8 Principal o	occupation / Job title (See Instructions)		9 Employer (See Instr	uctions)
Date	Full name of contributor	oul-of-state	PAC (ID#:	Amount of contribution (\$)
5/16/22	Eddie Sandoval			A4 000
	Contributor address;	City;	State; Zip Code	\$1,000
Principal o	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)
Date		out-of-state	PAC (ID#:	Amount of contribution (\$)
5/16/22	Richard Garcia	*******		
	Contributor address;	City;	State; Zip Code	\$1,000
Principal o	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state	PAC (ID#:	Amount of contribution (\$)
5/12/22	Mario A. Flores			\$250
0,12,22	Contributor address;	City;	State; Zip Code	φ230
Principal o	ccupation / Job title (See Instructions)		Employer (See Instr	uctions)

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER N	AME alinda Gonzalez Garza	3 Filer ID (Ethics Commission Filers
4 Date 5/12/22	5 Full name of contributor out-of-state PAC (ID#: Javier Perez	7 Amount of contribution (\$)
0,12,22	6 Contributor address; City; State; Zip Cod	
8 Principal	occupation / Job title (See Instructions) 9 Employer (See	Instructions)
Date Full name of contributor		
5/12/22	Contributor address; City; State; Zip Cod	\$E00
Principal	Deccupation / Job title (See Instructions) Employer (See	Instructions)
Date 5/12/22	Full name of contributor out-of-state PAC (ID#:	
	Contributor address; City; State; Zip Code	
Principal	Deccupation / Job title (See Instructions) Employer (See	Instructions)
Date 5/12/22	Full name of contributorout-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	\$1,500 •
Principal	Doccupation / Job title (See Instructions) Employer (See	Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

T	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
² FILER NAM Noralinda G	onzalez Garza		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$2,443.75	
5 Date 6/11/22 10 Principal occ	 Full name of contributor out-of-state PAC (ID#: Fantich Media Contributor address; City; State; McAllen, TX Cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 	Zip Code	8 Amount of Contribution \$ \$2,443.75 Check if travel outsi er (FOR NON-JUDICI	9 In-kind contribution description Design Services ide of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State;) Zip Code		In-kind contribution description de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
	s principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

LOANS	d information is not applicable, DO N	OT include this page in the re	SCHEDULE E
The	e instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME Noralinda G	3 Filer ID (Ethics Commission File		
TOTAL OF U	\$		
Date of loan 2/25/22	9 Loan Amount (\$) 80,000		
ls lender a financial Institution?	10 Interest rate 2.35% 11 Maturity date		
Y N Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	April 30, 2023
Description of Co	lateral	15 Check if personal fun account (See Instruct	ds were deposited into political
INFORMATION	18 Guarantor address; City; tion (See Instructions)	State; Zlp Code 21 Employer (See Instructions)	
Date of loan	Name of lender 🛛 out-of-state	9 PAC (ID#)	Loan Amount (\$)
Is lender a finandal Institution? Y N	Lender address; City;	State; Zip Code	Interest rate Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	aleral	Check if personal function account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
Principal Occupati	an (See Instructions)	Employer (See instructions)	
if le	ATTACH ADDITIONAL COP Inder is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NEE struction guide for additional rej	DED porting requirements.

xas Ethics Commission ۶y

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza	a	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2022	5 Payee name Texas Regional Ba	ink	
6 Amount (\$) \$5.00	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	schedule) (b) Description Bank F	ee
	(c) Check if travel outside of Texas. Complete Se	chedule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6/16/2022	San Juanita Bara	ajas	
Amount (\$)	Payee address;	City;	State; Zip Code
\$3850.00			
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE		Bloc	ckwalking
	Check if travel outside of Texas. Complete Se	chedule T. Check if Aust	in, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6/16/2022	Araceli Monte	S	
Amount (\$)	Payee address;	City;	State; Zip Code
\$3250.00			
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE			Blockwalking
	Check if travel outside of Texas, Complete So	chedule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

Forms provided by Texas Ethics Commission

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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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin	Repayment/Reimbursement Solicitation/Fundraising Expense e Overhead/Rental Expense Transportation Equipment & Related Expense ing Expense Travel I no District ries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza	3 Filer ID (Ethics Commission Filers)
⁴ Date 6/15/2022	5 Payee name Brick Fire	
6 Amount (\$) \$5000.00	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	(b) Description Event Expense
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/15/2022	Spectrum	
Amount (\$) \$159.95	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Office Expense	Description
	Check if travel outside of Texas. Complete Schedule	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	
6/14/22	Texas Regional Bank	
Amount (\$) \$190.68	Payee address; TRB-Check Fee	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Banking Fee
	Check if travel outside of Texas, Complete Schedule T	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 TH	IIS SCHEDULE AS NEEDED

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POLITI	ICAL EXPE	NDITURES	MADE
FROM	POLITICAL	CONTRIB	UTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Crecit Card Payment	Fees Of Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement Toe Overhead/Rental Expense Illing Expense Inting Expense Iaries/Wages/Contract Labor We to complete this form.
1 Total pages Schedule F1;	2 FILER NAME Noralinda G. Garza	3 Filer ID (Ethics Commission Filers)
4 Date 6/9/2022	5 Payee name Miguel Robledo	1
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$2000.00		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	(b) Description Consulting
	(C) Check if travel outside of Texas. Complete Schedu	le T. 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 6/9/2022	Payee name Miguel Robledo	
Amount (\$) \$5000.00	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Consulting
	Check if travel outside of Texas, Complete Schedu	le T. 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	
6/8/2022	Radio United-K	RGV
Amount (\$) \$595.00	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Advertising
	Check if travel outside of Texas. Complete Schedu	eT. 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

7

POLITICAL	EXPEN	IDITURES	MADE
FROM POL	ITICAL	CONTRIB	UTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Ove Polling Exp Printing Ex Salaries/M	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	1 Total pages Schedule F1;	-			3 Filer ID (Ethics Commission Filers)
	4 Date 6/7/2022	5 Payee name San Juanita Ba	arajas		
10	6 Amount (\$) \$3820.00	7 Payee address;		City;	State; Zip Code
	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description	Blockwalking
		(C) Check if travel outside of Texas, Complete Sci	hedule T.	Check if Austi	n, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held
	Date 6/7/2022	Payee name Araceli Mor	ntes		
11	Amount (\$) \$3050.00	Payee address;		City;	State; Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule)	Description	Blockwalking
i i		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austi	n, TX. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
	Date 6/6/2022	Payee name Upper Valle	y Mail S	Services	
12	Amount (\$) \$16170.00	Payee address;		City;	State; Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	hedule)	Description	Mailer Printing Expense
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austir	n, 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 C	OF THIS S	SCHEDULE AS NEE	DED

POLITICAL EXPEN	IDITURES MADE
FROM POLITICAL	CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza	а		3 Filer ID (Ethics	Commission Filers)
	4 Date 6/6/2022	5 Payee name Epigmenio Ochoa	3		L	
13	6 Amount (\$) \$500.00	7 Payee address;		City;	State;	Zip Code
	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	:hedule)	(b) Description	Blockwalking	
ļ		(c) Check if travel outside of Texas. Complete Sch	edule T.	Check if Austi	in, TX, officeholder living	expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	Date	Payee name				
	6/6/2022	Esmeralda G.	. Perez			
	Amount (\$)	Payee address;		City;	State;	Zip Code
14	\$350.00					
		Category (See Categories listed at the top of this sch	iedule)	Description		
	PURPOSE OF EXPENDITURE				Blockw	valking
		Check if travel outside of Texas. Complete Schedule T.		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
Contra	Date	Payee name				
	6/3/2022	Marco Benitez	Z			
15	Amount (\$) \$470.00	Payee address;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule)	Description	Campaign I	_aborer
		Check if travel outside of Texas. Complete Sche	edule T.	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 O	F THIS S	CHEDULE AS NEE	EDED	

Forms provided by Texas Ethics Commission

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			CONTRIBUTIONS	-	his page in the r		EDULE F1
1			EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Accounting/E Consulting E Contributions	xpense s/Donations Made B Officeholder/Politica	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total page	es Schedule F1;	2 FILER N	AME Noralinda G. Ga	rza		3 Filer ID (Ethics	s Commission Filers)
4 Date 6/2	3/2022	5 Payee na	^{me} Juan Montelon	go			
6 Amount	(\$) 500.00	7 Payee ad	dress;		City;	State;	Zip Code
0	8 PURPOSE OF EXPENDITURE		 (See Categories listed at the top of this 	schedule)	(b) Description	Blockwalking	
		(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living	expense
	ONLY if direct to benefit C/O		ate / Officeholder name		Office sought		Office held
Date 6/3	3/2022	Payee na	^{me} Guillermo G	onzalez			
Amount	^(\$) \$2188.00	Payee ad	dress;		City;	State;	Zip Code
c	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this		Description	Campaign Lab	
	<u>ONLY</u> if direct e to benefit C/Oł		ate / Officeholder name		Office sought	tin, TX. officeholder living	Office held
Date 6/2	2/2022	Payee na	me Aracely Mo	ntes			
Amount \$	^(\$) 1435.00	Payee ad	dress;		City;	State;	Zip Code
c	POSE DF DITURE	Category	(See Categories listed at the top of this	schedule)	Description	Blockwal	king
			Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	expense
	ONLY if direct e to benefit C/OH		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oon Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)
	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)
	⁴ Date 6/2/2022	5 Payee name San Juanita Baraja	IS	
	6 Amount (\$)	7 Payee address;	City	State; Zip Code
19	\$2100.00	0		
	8	(a) Category (See Categories listed at the top of this sch	(b) Description	
	PURPOSE OF EXPENDITURE		I	Blockwalking
		(C) Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	tin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name		
	6/2/2022	Public Researc	ch Group	
	Amount (\$)	Payee address;	City;	State; Zip Code
20	\$1639.34			
		Category (See Categories listed at the top of this sche	edule) Description	
	PURPOSE OF EXPENDITURE	Advertising		Text Messages
- 2		Check if travel outside of Texas, Complete Scher	dule T. Check if Ausl	tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name		
	6/2/2022	Maribel Salin	as	
	Amount (\$)	Payee address;	City;	State; Zip Code
21	\$800.00		10	
		Category (See Categories listed at the top of this sche	dule) Description	
	PURPOSE OF EXPENDITURE		Cam	paign Laborer
		Check if travel outside of Texas, Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED
-8	Forms provided by Texas Eth			 Revised 8/17/2020

	FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS ormation is not applicable, DO NOT includ	e this page in the r	SCHEDULE F1		
		EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
	4 Date 6/2/2022	5 Payee name Sharyland ISD				
22	6 Amount (\$) \$1000.00	7 Payee address;	City;	State; Zip Code		
	8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
	PURPOSE OF EXPENDITURE	Advertising		Sponsorship		
		(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense		
	9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date Payee name 6/2/2022 Bank Fee Texas Regional Bank					
23	Amount (\$) \$6.00	Payee address;	City;	State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	Bank Fee		
		Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	Date 6/1/2022	Payee name Brooke Husborn				
24	Amount (\$) \$350.00	Payee address;	City;	State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description	Music		
		Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED		

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SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR BOX 8(a)
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s:/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
25	1 Total pages Schedule F1: 2 FILER NAME Noralinda G. Garza			3 Filer ID (Ethics Commission Filers)
	4 Date 6/1/2022	5 Payee name Jose Luis Moreno		
	6 Amount (\$) \$300.00	7 Payee address;	City;	State; Zip Code
	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule		paign Laborer
		(C) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name		
	6/1/2022	Maribel Salinas		
	Amount (\$)	Payee address;	City;	State; Zip Code
26	\$500.00			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	Campaign Laborer
		Check if travel outside of Texas, Complete Schedule T	Check if Aus	tin, 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		
	6/1/2022	Jose Luis Morenc	I	
27	Amount (\$) \$250.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE		Description Blockwalk	ing
		Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF TH		
	Earms provided by Taylor 5th			
	Forms provided by Texas Eth	ics Commission www.ethics.state	IX.US	Revised 8/17/2020

		NTRIBUTION: applicable, DO NOT	_	his page in the r	eport.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Cred t Card Payment	Fee Foo y Gif al Committee Leg	ent Expense is id/Beverage Expense /Awards/Memorials Expense jal Services	Loan Repa Office Ove Polling Exp Printing Ex Salaries/M	yment/Reimbursement rhead/Rental Expense sense xpense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expe
1 Total pages Schedule F1:		he Instruction Guide explai			3 Filer ID (Ethi	cs Commission Filer
4 Date 6/1/2022	5 Payee name	Ricardo Navarro				
6 Amount (\$)	7 Payee addres			Citra		Zin Onda
\$400.00	7 Fayee addres			City;	State;	Zip Code
8	(a) Category (Se	e Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE				Campaign	Laborer	
	(c) Chec	k if travel outside of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Payee name					
5/31/2022		West Side Liquor				
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$256.47						
	Category (See	Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE				Event Ex	pense	
	Chec	(if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX. officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
5/31/2022		Guillermo Gonz	alez			
Amount (\$)	Payee addres	s;		City	State;	Zip Code
\$1750.00						
	Category (See	Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE				Campaign Laborer		
	Check	if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held

		EXPENDITURES MADE		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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense Pro g Gift/Awards/Memorials Expense Pro	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense initing Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
	1 Total pages Schedule F1;	2 FILER NAME Noralinda G.Garza		3 Filer ID (Ethics Commission Filers)			
31	4 Date 5/31/2022	5 Payee name Bank Fee	Texas Regional Ba	ank			
	6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
	\$5.00	10		_			
	8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description				
	PURPOSE OF EXPENDITURE		Bank Fee				
		(c) Check if travel outside of Texas, Complete Sched	iule T. Check if Austi	n, TX, officeholder living expense			
	9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	Date 5/27/2022	Payee name Manuel Bledose					
32	Amount (\$) \$400.00	Payee address;	City;	State; Zip Code			
		Category (See Categories listed at the top of this sched	dule) Description				
	PURPOSE OF EXPENDITURE		Block W	alking			
		Check if travel outside of Texas, Complete Sched	lule T. Check if Austin	n, 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					
	5/27/2022	Aracely Montes					
33	Amount (\$) \$935.00	Payee address;	City	State; Zip Code			
		Category (See Categories listed at the top of this sched	dule) Description				
	PURPOSE OF EXPENDITURE		Blockwal	king			
		Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, 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 NEE	EDED			

POLITI	CAL	EXPEN	DITURES	MADE
FROM	POL	TICAL	CONTRIB	UTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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 Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)	
4 Date 5/27/2022	5 Payee name Terry Cantu			
6 Amount (\$) \$1000.00	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Block	k Walking	
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
5/27/2022	Orlando Lozano			
Amount (\$) \$1400.00	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Campaig	n Laborer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
5/26/2022	Yolanda Cordoba			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1000.00				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	ck Walking	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P g Gift/Awards/Memorials Expense P	Office Overh Polling Experienting Exp Printing Exp Balaries/Wa	ense iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	1 Total pages Schedule F1	² FILER NAME Noralinda G. Garza	3		3 Filer ID (Ethics Commission Filers)	
	4 Date 5/26/2022	5 Payee name Hector Hernandez				
	6 Amount (\$)	7 Payee address;		City;	State; Zip Code	
37	\$1500.00					
	8	(a) Category (See Categories listed at the top of this sch	redule)	(b) Description		
	PURPOSE OF EXPENDITURE			Campai	gn Laborer	
		(C) Check if travel outside of Texas. Complete Sche	dule T.	Check if Austi	n, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held	
	Date	Payee name				
38	5/26/2022	La Fogata				
	Amount (\$)	Payee address;		City;	State; Zip Code	
	\$500.00					
		Category (See Calegories listed at the top of this sche	edule)	Description		
	PURPOSE OF EXPENDITURE			Event Ex	pense	
		Check if travel outside of Texas. Complete Sche	dule T.	Check if Austi	in, TX. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held	
	Date	Payee name				1
	5/26/2022	San Juanita Barajas				
	Amount (\$)	Payee address;		City;	State; Zip Code	
39	\$1550.00					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule)	Description Blockwa	alking	
		Check if travel outside of Texas. Complete Sche	dule T.	Check if Austi	n, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held	
		ATTACH ADDITIONAL COPIES O	F THIS S	SCHEDULE AS NEE	EDED	
1	Forms provided by Texas Eth	ics Commission www.ethics.s	state.tx.us	3	Revised 8/17/20	20

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Inting Expense Ilaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza	a	3 Filer ID (Ethics Commission Filers)		
	4 Date 5/25/2022	5 Payee name Jesus Tullos Lopez				
40	6 Amount (\$) \$400.00	7 Payee address;	City	State; Zip Code		
	8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
	PURPOSE OF EXPENDITURE		Block Walki	ng		
		(c) Check if travel outside of Texas, Complete Schedu	ule T. Check if Aust	in, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	5/25/2022	OMG A Shot Ba	ar, LLC			
1	Amount (\$) \$587.00	Payee address;	City;	State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description Event Exp	ense		
		Check if travel outside of Texas, Complete Schedu	ule T. Check if Aust	in, 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				
	5/25/2022	Taquiza Las Ad	elitas			
42	Amount (\$) \$700.00	Payee address;	City;	State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Event Ex	xpense		
		Check if travel outside of Texas. Complete Schedu	ile T. Check if Aust	in, 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					

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POLITICAL EXPENDITURES MADE	
FROM POLITICAL CONTRIBUTIONS	

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli g Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ve Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Ga	arza	3 Filer ID (Ethics Commission Filers)
	4 Date 5/24/2022	5 Payee name Ester Salinas		
43	6 Amount (\$) \$700.00	7 Payee address;	City;	State; Zip Code
	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu		mpaign Laborer
		(C) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date 5/23/2022	Payee name Iliana Cervantes		
	Amount (\$)	Payee address;	City;	State; Zip Code
44	\$1000.00			
	PURPOSE OF	Category (See Categories listed at the top of this schedul	e) Description Campaigr	n Laborer
	EXPENDITURE	Check if travel outside of Texas. Complete Schedula		in, TX. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date 5/23/2022	Payee name Jose Luis Garza		
45	Amount (\$) \$683.00	Payee address;	City;	State; Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description Blockwa	lking
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	T. Check if Aust Office sought	in, TX, officeholder living expense Office held
		ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NE	EDED
	Forms provided by Texas Eth	ics Commission www.ethics.stat	e.tx.us	Revised 8/17/2020

POLITICAL	EXPEN	IDITURES	MADE
FROM POL	ITICAL	CONTRIB	UTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garz	za		3 Filer ID (Ethics	Commission Filers)
	4 Date 5/23/2022	5 Payee name Exclusive Decal, LL	_C			
46	6 Amount (\$) \$958.01	7 Payee address;		City;	State;	Zip Code
	8	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description		
	PURPOSE OF EXPENDITURE			Sign Print	ing	
		(C) Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living	expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	Date	Payee name				
	5/23/2022	Exclusive Decal, LLC	;			
47	Amount (\$) \$3,139.25	Payee address;		City;	State;	Zip Code
	PURPOSE OF	Category (See Categories listed at the top of this so	hedule)	Description Sign Pr	rinting	
	EXPENDITURE			olgin i		
		Check if travel outside of Texas. Complete Sc	hedule T,		n, TX. officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I		Office sought		Office held
	Date	Payee name				
	5/19/2022	Taco Ole				
	Amount (\$)	Payee address;		City;	State;	Zip Code
48	\$46.10					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc	hedule)	Description Food/Be	verage	
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
		ATTACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	
	Forms provided by Texas Eth	ics Commission www.ethics	.state.tx.u	s		Revised 8/17/2020

FROM POLI	EXPENDITURES MADE		SCHEDULE F1	
If the requested info	ormation is not applicable, DO NOT in	nclude this page in the r	eport.	
	EXPENDITURE CATEG	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Show to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)	
4 Date 5/18/2022	5 Payee name Spectrum			
6 Amount (\$) \$181.38	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description Internet		
	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Aus	stin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 5/16/2022	Payee name Progress Times			
Amount (\$)	Payee address;	City;	State; Zip Code	

\$10,000.00

PURPOSE OF EXPENDITURE

49

51

	Check if travel outside of Texas. Complete Schedule T.	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		
5/16/2022	All Valley Screen Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$639.87			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising		
	Check if Iravel outside of Texas. Complete Schedule T.	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 NEEDE	D

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

Description

Advertising

POLITICAL EXPEN	IDITURES MADE
FROM POLITICAL	CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense gift/Awards/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/C how to comple	Rental Expense Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
i U	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza	a		3 Filer ID (Ethics	Commission Filers)
	4 Date 5/13/2022	5 Payee name Aracely Montes				
52	6 Amount (\$) \$756.67	7 Payee address;		City;	State;	Zip Code
	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sc	hedule) (b) i	Description Block W	/alking	
		(C) Check if travel outside of Texas. Complete Sche	edule T.	Check if Austi	n, TX, officeholder living e	expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	C	Office sought	(Office held
-101 	Date	Payee name				
	5/12/2022	Guillermo Gonzalez				
53	Amount (\$) \$1,335.00	Payee address;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) I	Description Campaign	Laborer	
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austi	n, TX. officeholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	C	Office sought	C	Office held
	Date	Payee name				
	5/11/2022	Aracely Montes				
54	Amount (\$) \$840.00	Payee address;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule)	Description Blockwalki	ing	
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin	n, TX, officeholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	(Office sought		Office held
3		ATTACH ADDITIONAL COPIES O	F THIS SCHE	DULE AS NEE	EDED	
1	Forms provided by Texas Eth	ics Commission www.ethics.	state.tx.us			Revised 8/17/2020

POLITICAL EXPEN	IDITURES MADE
FROM POLITICAL	CONTRIBUTIONS

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EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Mifee Overhead/Rental Expense folling Expense rinting Expense alaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	1 Total pages Schedule F1:	² FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)
	4 Date 5/11/2022	⁵ Payee name San Juanita Barajas		
55	6 Amount (\$) \$1,674.00	7 Payee address;	City;	State; Zip Code
	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description Block Walk	ing
		(c) Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	in, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	Date	Payee name		
	5/10/2022	Esmeralda Ply		
	Amount (\$)	Payee address;	City	State; Zip Code
56	\$300.00			
	PURPOSE	Category (See Categories listed at the top of this sche		Wine
	EXPENDITURE		Block Wa	iking
		Check if travel outside of Texas. Complete Scher		in, TX. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	Date	Payee name		
	5/09/2022	Sharyland ISD)	
	Amount (\$)	Payee address;	City;	State; Zip Code
57	\$1000.00			
		Category (See Categories listed at the top of this sche	dule) Description	
	PURPOSE OF EXPENDITURE	Advertising	Sponsor	ship
,		Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	in, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEI	EDED
4	Forms provided by Texas Eth	nics Commission www.ethics.s	state.tx.us	Revised 8/17/2020

		TICAL CONTRIBUTIONS formation is not applicable, DO NOT incl	ude this page in th	e report.				
Ē		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Acvertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Office/holder/Politic Credit Card Payment	Fees Of Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursemen fice Overhead/Rental Expense Illing Expense Iaries/Wages/Contract Labor w to complete this form	e Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
	1 Total pages Schedule F1	2 FILER NAME	W to complete this form,	• 3 Filer ID (Ethics Commission Filers)				
		Noralinda G. Garza		· · · · · · · · · · · · · · · · · · ·				
·	4 Date 5/9/2022	5 Payee name Jose Luis Garza						
3	6 Amount (\$) \$560.00	7 Payee address;	City;	State; Zip Code				
-	8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description					
	PURPOSE OF EXPENDITURE		Campaign	Laborer				
		(C) Check if travel outside of Texas. Complete Schedu	lle T. Check if	Austin, TX, officeholder living expense				
-	9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	nt Office held				
-	Date	Payee name						
	5/6/2022	San Juanita Barajas						
9	Amount (\$) \$1700.00	Payee address;	City;	State; Zip Code				
3		Category (See Categories listed at the top of this sched	ule) Description					
	PURPOSE OF EXPENDITURE		Block V	Valking				
		Check if travel outside of Texas, Complete Schedu	ile T. Check if	Austin, TX. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held				
1	Date	Payee name						
	5/5/2022	Marco Benitez						
1	Amount (\$)	Payee address;	City;	State; Zip Code				
	\$325.00							
	RUPPORT	Category (See Categories listed at the top of this schede	ule) Description					
	PURPOSE OF		Campa	aign Laborer				

	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE		Campaign Laborer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office

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60

Office held

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS
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EXPENDIT	JRE CATEGOR	RIES FOR BOX	8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin	A Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense ting Expense Travel In District Travel Out Of District Other (enter a category not listed above) to complete this form.	
	1 Total pages Schedule F1:	2 FILER NAME Noralinda G. Garza	3 Filer ID (Ethics Commission Filers)	
	4 Date 5/3/2022	5 Payee name VAN Inc		
	6 Amount (\$)	7 Payee address;	City; State; Zip Code	
61	\$17.64			
	8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
	PURPOSE OF EXPENDITURE		Block Walking	
		(c) Check if travel outside of Texas. Complete Schedule	T. 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		
	5/3/2022	Upper Valley Mail Services	s, LLC	
	Amount (\$)	Payee address;	City; State; Zip Code	
62	\$6763.68			
		Category (See Categories listed at the top of this schedul	le) Description	
	PURPOSE OF EXPENDITURE		Printing Mailers	
		Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX. officeholder living expense	
	Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	Date	Payee name		
	5/3/2022	Fantich Media		
00	Amount (\$)	Payee address;	City; State; Zip Code	
63	\$8,000.00	Ċ.		
		Category (See Categories listed at the top of this schedul	e) Description	
	PURPOSE OF EXPENDITURE	Advertising		
		Check if travel outside of Texas. Complete Schedule	T. 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			
2				

POLITICAL EXPENDITURES MADE	
FROM POLITICAL CONTRIBUTIONS	

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EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	1 Total pages Schedule F1;	2 FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)
	4 Date 5/2/2022	5 Payee name Aracely Montes		
	6 Amount (\$)	7 Payee address;	City;	State; Zip Code
64	\$630.00			
ľ	8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
	PURPOSE OF EXPENDITURE		Bloc	sk Walking
		(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ſ	Date	Payee name		
	5/2/2022	Public Research Gro	pup	
	Amount (\$)	Payee address;	City;	State; Zip Code
65	\$3,131.09			
		Category (See Categories listed at the top of this schedul	e) Description	
	PURPOSE OF EXPENDITURE		Advertising	9
-		Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, 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		
	4/29/2022	San Juanita Barajas		
66	Amount (\$) \$548.00	Payee address;	City;	State; Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	•	valking
		Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, 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 T	HIS SCHEDULE AS NEI	EDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS
If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursemer Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	
	Credit Card Payment	The Instruction Guide explains	how to complete this form	
	1 Total pages Schedule F1:	² FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)
	4 Date 4/29/2022	5 Payee name Bank Fee		
	6 Amount (\$)	7 Payee address;	City;	State; Zip Code
67	\$5.00	0		
	8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
	PURPOSE OF EXPENDITURE		Bank	< Fee
		(c) Check if travel outside of Texas, Complete Sc	hedule T. Check if	Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
	Date	Payee name		
	4/28/2022	Maria C. Alani	5	
~	Amount (\$)	Payee address;	City;	State; Zip Code
68	\$500.00			
		Category (See Categories listed at the top of this so	hedule) Description	
	PURPOSE OF EXPENDITURE		Block	Walking
		Check if travel outside of Texas, Complete Sc	nedule T. Check if	Austin, TX. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sough	nt Office held
	Date 4/28/2022	Payee name Aracely Montes	3	
	Amount (\$)	Payee address;	City;	State; Zip Code
69	\$707.50			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so		kwalking
		Check if travel outside of Texas. Complete Sc	neduleT. Check if	Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office soug	ht Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				NEEDED

SCHEDULE F1

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense ssWages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Ì	1 Total pages Schedule F1;	2 FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)
	4 Date 4/26/2022	5 Payee name Hector Hernandez		
	6 Amount (\$)	7 Payee address;	City;	State; Zip Code
70	\$500.00	Type tex	t here	
	8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	PURPOSE OF EXPENDITURE		Carr	npaign Laborer
		(C) Check if travel outside of Texas, Complete Schedule T	Check if Aust	in, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Ē	Date	Payee name		
	4/26/2022	Rio Grande Guard	ian	
71	Amount (\$)	Payee address;	City;	State; Zip Code
	\$1000.00			
		Category (See Categories listed at the top of this schedule)	Description	
	PURPOSE OF EXPENDITURE	Advertising	Newspaper	
		Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, 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		
	4/26/2022	Guillermo Gonzalez		
72	Amount (\$)	Payee address;	City;	State; Zip Code
	\$1080.00			
		Category (See Categories listed at the top of this schedule)	Description	
	PURPOSE OF EXPENDITURE		Campaig	n Laborer
		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 TH	IIS SCHEDULE AS NE	EDED

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Noralinda G. Garza		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2022	5 Payee name Laura Rodriguez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1500.00			
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF		Ca	mpaign Laborer
EXPENDITURE	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	ł		
Date	Payee name		
Amount (\$)	Payee address;	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sof	nedule) Description	
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Aust	in, 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 (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule) Description	
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees O Food/Beverage Expense Pe By Gift/Awards/Memorials Expense Pe	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
 Total pages Schedule G: 	2 FILER NAME Noratinda Gonzalez Garza		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6/28/2022	Fanitch Media			
6 Amount (\$) \$9,731.39	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended		Mc/	Allen, TX	
8	(a) Category (See Categories listed at the top of this sched	lule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	(c) Check if travel outside of Texas. Complete Schedul	le T. 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 (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description		
	Check if travel outside of Texas. Complete Schedu	leT. Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	iule) Description		
	Check if travel outside of Texas. Complete Schedul	le T. 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			