

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 Mrs. Noralinda			FIRST LAST		MI			
	NICKNAME Norie			SUFFIX Gonzalez Garza					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE			
	PO Box 1886			Mission	TX	78573			
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER			EXTENSION				
	(956)	605-7142							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Aissa			FIRST LAST		MI			
	NICKNAME Garza			SUFFIX I					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);			APT / SUITE #:	CITY:	STATE: ZIP CODE			
	2110 Turtle Lane				Mission	TX 78572			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER			EXTENSION				
	(956)	532-4772							
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH			Month	Day	Year
	7	/ 1	/ 24				12	/ 31	/ 24
11 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	Primary	<input checked="" type="checkbox"/>	Runoff	Other Description		
6	/ 11	/ 22	<input checked="" type="checkbox"/>	General	Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)					
	City Council Place 3			Mayor					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME							
		COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							

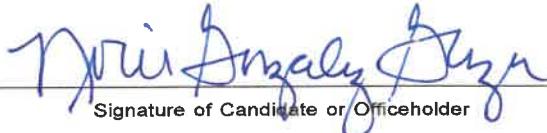
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

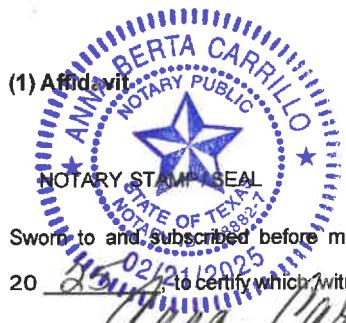
15 C/OH NAME Noralinda Gonzalez Garza	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
	4. TOTAL POLITICAL EXPENDITURES \$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 80,000.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

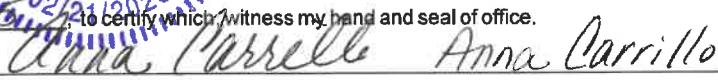
Please complete either option below:



(1) Affidavit

Swear to and subscribed before me by Noralinda Gonzalez Garza this the 13th day of January,

20 2025, to certify which, witness my hand and seal of office.




Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)