# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Jquier	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 0	Grande City TX 78582	Date Repervent ELECTIONS ADMINISTRATION &
	ADEL CODE DUONE NUMBER	EXTENSION	The Comment of As well
5 CANDIDATE/ OFFICEHOLDER PHONE	(956 ) 422- 0316	EXTENSION	Date Harming of Date Rostmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	ms/mrs/mr first Adriang	MI	Date Processed
NAME	NICKNAME LAST  Salinas	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE#; CITY;	STATE; ZIP CODE .
TREASURER ADDRESS	116 Escobedo Street	Rijo honde lo4	TR 78582
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	2/6/24	THROUGH 2	/26/
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	3/5/24 General	Special	
12 OFFICE	Star Comb Court	13 OFFICE SOUGHT (if known)	Court there
		JAV Lanky	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS OF THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	E MAY HAVE REEN MADE WITHOUT THE CAND	INATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
OSMINIT TEE(O)	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
,	GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME

17 CONTRIBUTION

#### FORM C/OH COVER SHEET PG 2

16 Filer ID (Ethics Commission Filers)

TOTALS	CONTRIBUTIONS MADE E	LECTRONICALLY)	<i>• 0</i> ·
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	<b>TRIBUTIONS</b> LOANS, OR GUARANTĘES OF LO	* O.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$ 0.
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 2,033,38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRII OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF TH	E LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE \$
l .	wear, or affirm, under penalty of perjur uired to be reported by me under Title 1	_	s true and correct and includes all information
		Signature	of Candidate or Officeholder
	Please con	nplete either option be	elow:
(1) Affidavit		*	
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by	this	the,
20, to certify v	which, witness my hand and seal of office	).	
Signature of officer administer	ing oath Printed name of	officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of bi	th is
My address is			, <u></u> , <u></u> ,
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (n	nonth) , 20 (year)
		Signature of C	andidate/Officeholder (Declarant)

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN

### SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Con	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ - 0 .
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<sup>\$</sup> O.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O.
4.	SCHEDULE E: LOANS	\$ O.
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O.
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6.
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6.
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 8.

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
a		7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
Contributor address; City;	. 50	
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
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 Instruc	tions)
ATTACH ADDITIONAL COPIE		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	Javier	MI	OFFICE USE ONLY
	NICKNAME	Garza	SUFFIX	Date Received 1-16-2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	X; APT / SUITE #;	Rio Gran Le CITY TX 78582	THE ELECTIONS ADMINISTRA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date land-delivered on Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mrs.  NICKNAME	Adrigog.	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU pedo St. Rio G	uite #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	735-0976	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DAY  Month Day	Year Primary	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any	1	13 OFFICE SOUGHT (if known)	Constible Pct. 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANDU	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEGGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREA	SURER NAME	
	LISTECIPIO	COMMITTEE CAMPAIGN TREA		
		GO TO F	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	<b>IBUTIONS</b> ANS, OR GUARANTEES OF LOANS)	¢ -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENI	DITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS O NG PERIOD	\$ 0.00
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15, l		e and correct and includes all information
		Signature of Ca	andidate or Officeholder
	Please comp	olete either option below	ſ;
(1) Affidavit			
NOTARY STAMP/SEAL	ŕ. s		
Sworn to and subscribed	pefore me by	this the	day of,
20, to certify v	hich, witness my hand and seal of office.		
Signature of officer administer	ng oath Printed name of off	icer administering oath	Title of officer administering oath
(m) II Phone I and I		OR	
(2) Unsworn Declaratio	n		
My name is		and my date of birth is	
Evenued in	(street)	, -, ,	tate) (zip code) (country)
Executed in	County, State of	, on the day of (month)	), 20 <u>(year)</u> .
		Signature of Candid	ate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

19 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.60
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$ 0.66
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	NTRIBUTIONS \$ 0.60
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O.66
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED \$ 0.00

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### FORM CTA PG 1

Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	MS / MRS / MR FIRST Mt	QAFICE USE, ONLY
NAME	Mr. Javier	Fin C
	NICKNAME LAST SUFFIX  Garza	ELECTION ELECTION
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1108 W. Bluebonnet St. Rio Grande City, TX 78582	Date Hand-delivered of Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (956 )422-0316	Receipt # Amount \$  Date Processed
5 OFFICE HELD (if any)	None	Date Imaged
6 OFFICE SOUGHT (if known)	Starr County Constable Pct. #4	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME  MYS Adriana  S	alinas
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT/SUITE #: CITY; 11 LO ESCOBEDO STREET RÍO Grando	e City Tx 78582
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (954) 735-0976	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tell I am aware of my responsibility to file timely reports as the Election Code.	
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
	Signature of Candidate	8/30/23 Date Signed
GO TO PAGE 2		

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME		
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING	
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••	
	The modified reporting option is valid for one election cycle only.   (An election cycle includes a primary election, a general election, and any related runoffs.)	
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••	
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.	
	Year of election(s) or election cycle to Signature of Candidate which declaration applies	

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto">treasappoint@ethics.state.tx.us</a>
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php