CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	cuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	Garaa		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	50 May 1
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	THE WAY SHOW SAINT
OFFICEHOLDER PHONE	(361) 652-7057		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS MRS MR FIRST	MI	Receipt # OCT Amounts
NAME	NICKNAME LAST		Date Processed
	Garug		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	IITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	1300 Faltysek Victoria	~,Tx.77905	
8 CAMPAIGN TREASURER PHONE	(361) 652-7933	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary One of the control of the c	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	County Commissioner		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME (Danny C	1:	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF SUCH EXPENDITURES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	
TOTALS	2. TOTAL	ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY) POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5
EXPENDITURE TOTALS	3. TOTAL	\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 1832.07
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 2782.74
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 1650.67
18 AFFIDAVIT	LISA ANN RAMIR Notary Public, State of My Commission Ex July 14, 2024 NOTARY ID 10526	true and correct and includes all information under Title 15, Election Code. Texas pires	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscriber		by the said Danny GARCIA to certify which, witness my hand and seal of office.	, this the 304h
Signature of officer a	mus	Printed name of officer administering oath	Notary Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Danny Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 8/7/20	5 Payee name Build-arsign		
6 Amount (\$)	7 Payee address; (1525 Stone hollow Dr. #100	City;	State; Zip Code
215.15	Build-a-sign-Austin, TX		78758
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising (Printing	Campaign	signs
	(c) Check if travel outside of Texas. Complete Schedule 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	Payee name 11525 Stonehollow Dr. #100		
8 18/20	Build-a-sign		
Amount (\$)	Payee address;	City;	State; Zip Code
735.06	Austin, TX 78758		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising/Printing	Cumpaign	Signs
	Check if travel outside of Texas. Complete Schedule 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		
8/17/20	McCoy's Lumber	Victoria	TX
Amount (\$)	Payee address;	City;	State; Zip Code
6.62	5803 Zac Lentz Dkwy Vic	tonaTX 77	904
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	material Supplies for signs	screws/p	ails
	Check if travel outside of Texas. Complete Schedule T.		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 NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District		
Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
4 Tatal Oalast I. 54	·	now to complete this form.	2 Files ID (5this Commission Files)		
1 Total pages Schedule F1:	2 FILER NAME Danny Garcy		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
8/22/20	Home Depot	Victoria City:	State; Zip Code		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
99.15	6708 Zac Lentz Akwy	Victoria, TX 779	104		
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE					
OF EXPENDITURE	Material Isopplies for	signs boards to	secure signs		
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, 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				
9/11/20	STU Boosters	Victoria	TX		
Amount (\$)	Payee address;	City;	State; Zip Code		
400.00	110 E. Red River Victo	via, TX 77901			
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE OF					
EXPENDITURE	Advertising	Program A	Program Advertise		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
expenditure to beliefit 0/0H					
Date	Payee name				
9-4-9/18	UPS Store				
Amount (\$)	Payee address;	City;	State; Zip Code		
376.09	8806 N. Navavro-VI	tona TX -	77904		
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE OF					
EXPENDITURE	Printing expense	doo-hung	ers, post curds		
	Check if travel outside of Texas. Complete Sch		n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	20 1 1101 12 (211100 001	
	Danny Garcia	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 700,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$
4.	SCHEDULE E: LOANS	\$ 9,600
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1832.07
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>\frac{1}{2}</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ b
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	\$ 6
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ &

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Danny Garcia 7 Amount of contribution (\$) Aug-30-20 6 Contributor address; City; State; Zip Code 500.00 Victoria, TX. 77903 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Vette Shvagard Contributor address; City; Sept-08-20 State; Zip Code 200,00 Da Costa, TX, 77905 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME Danny Gurag			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$	
5 Date	Full name of contributor out-of-state PAC (ID#:) Revista De Victoria 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution Contribution \$ description	
	Victoria Tx.		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contribu	tributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FO		n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	

Forms provided by Texas Ethics Commission

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

LOANS SCHEDULE E

Note: Origin	nal Schedule Eforms are on.	file at the elections d	office
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME Danny	1 Gurcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 9,600
5 Date of loan	7 Name of lender out-of-state PAC (ID#:) Frances Gaicia		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	1300 Faltysek Vidoni	atx. 77905	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	L tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state PAC (ID#:)		Loan Amount (\$)
ls lender a financial	Lender address; City; State; Zip Code		Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none		Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	:DED

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