

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 Mr.	FIRST Manuel	MI G.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME Manny	LAST Garcia	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	8714 Jogeva Way San Antonio, TX 78251			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 865-5412	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Emily	MI	
	NICKNAME "Em"	LAST Niño	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
415 Via Pescados San Antonio, TX 78245				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 705-1993	EXTENSION	
9 REPORT TYPE	<input 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 checked="" 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 03 / 28 / 2023 THROUGH 04 / 26 / 2023			
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) NISD Trustee Plc #2		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<small>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.</small>			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

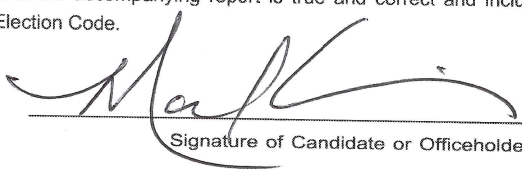
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1117.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1308.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

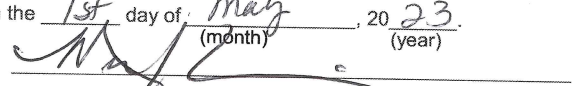
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 Manuel Garcia, and my date of birth is 12/14/1970.
 My address is 8714 Gogeva Way, San Antonio, TX, 78251, Bexar.
(street) (city) (state) (zip code) (country)
 Executed in Bexar County, State of Texas, on the 1st day of May, 20 23.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1117.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1308.82
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 1

2 FILER NAME Manuel Garcia 3 Filer ID (Ethics Commission Filers)

4 Date <u>4/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Gonzals</u>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <u>2417 Field Wood SATX 78251</u>	<u>20.00</u>

8 Principal occupation / Job title (See Instructions) Educator 9 Employer (See Instructions) SATISD

Date <u>4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Gomez</u>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <u>10026 Prescott SAT 78245</u>	<u>20.00</u>

Principal occupation / Job title (See Instructions) Manager Employer (See Instructions) Gomez Auto Electric

Date <u>4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Victor Garza</u>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <u>2306 Wood Meadow SAT 78232</u>	<u>10.00</u>

Principal occupation / Job title (See Instructions) Tech Supervisor Employer (See Instructions) HEB

Date <u>4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juan Bautista</u>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <u>4922 Ali Ave, Apt 4 SAT 78229</u>	<u>40.00</u>

Principal occupation / Job title (See Instructions) Weld Shop Supervisor Employer (See Instructions) Toyota

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

2 FILER NAME Manuel Garcia 3 Filer ID (Ethics Commission Filers)

4 Date <u>4/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alfredo Calderon</u>	7 Amount of contribution (\$) <u>40.00</u>
	6 Contributor address; City; State; Zip Code <u>19962 S. Gett Rd SAT 78264</u>	

8 Principal occupation / Job title (See Instructions) Team Lead 9 Employer (See Instructions) Toyota

Date <u>4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vanessa Alvarado</u>	Amount of contribution (\$) <u>50.00</u>
	Contributor address; City; State; Zip Code <u>8058 Broadway St SAT 78209</u>	

Principal occupation / Job title (See Instructions) General Manager Employer (See Instructions) La Grande

Date <u>4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laurie Arriaga</u>	Amount of contribution (\$) <u>40.00</u>
	Contributor address; City; State; Zip Code <u>13350 Huntsman Rd SAT 78249</u>	

Principal occupation / Job title (See Instructions) Project Manager Employer (See Instructions) BCFS Health & Human Svcs

Date <u>4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jackie Guerra</u>	Amount of contribution (\$) <u>30.00</u>
	Contributor address; City; State; Zip Code <u>9346 Valley Gate SAT 78250</u>	

Principal occupation / Job title (See Instructions) Medical Billing Employer (See Instructions) Dr Brad Burdin

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Nino	7 Amount of contribution (\$)
4/16	6 Contributor address; City; State; Zip Code 119 McNeel Rd SAT 78228	50.00 10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Nino	Amount of contribution (\$)
4/16	Contributor address; City; State; Zip Code 415 Via Pescados SAT 78245	70.00 10.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) USAA
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elixis Arevalo	Amount of contribution (\$)
4/16	Contributor address; City; State; Zip Code 7810 Old Tezel Rd SAT	20.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Turn Peaks
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Garcia	Amount of contribution (\$)
4/16	Contributor address; City; State; Zip Code 7203 Still Brook SAT 78238	30.00
Principal occupation / Job title (See Instructions) Maint Mgr		Employer (See Instructions) UTSA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4
2 FILER NAME <i>Manuel Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christine Gonzalez</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>11542 Lands Pond SAT 78253</i>	<i>25.00</i>
8 Principal occupation / Job title (See Instructions) <i>Call Center Supervisor</i>		9 Employer (See Instructions) <i>Superior HealthCare</i>
Date <i>4/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dylan Kennard</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>5410 Billington Dr SAT 78230</i>	<i>45.00</i>
Principal occupation / Job title (See Instructions) <i>IT Tech</i>		Employer (See Instructions) <i>Self-employed</i>
Date <i>4/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cesar Unbe</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>5431 Bakersfield SAT 78228</i>	<i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Contractor</i>		Employer (See Instructions) <i>Self-employed</i>
Date <i>4/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gaby Garcia</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>11239 Dublin Woods SAT 78254</i>	<i>125.00</i>
Principal occupation / Job title (See Instructions) <i>Property manager</i>		Employer (See Instructions) <i>Cortland View @ TCP</i>

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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: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorothy Valdes</i>	7 Amount of contribution (\$)
<i>4/16</i>	6 Contributor address; City; State; Zip Code <i>3918 Briarvista SAT 78247</i>	<i>25.00</i>
8 Principal occupation / Job title (See Instructions) <i>IDD Svcs Coo Reductor</i>		9 Employer (See Instructions) <i>Alamo Area Council of Govt</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Niño</i>	Amount of contribution (\$)
<i>4/16</i>	Contributor address; City; State; Zip Code <i>5403 Stormy Hills SAT 78247</i>	<i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Ins Adjuster</i>		Employer (See Instructions) <i>USAA</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Bueno</i>	Amount of contribution (\$)
<i>4/16</i>	Contributor address; City; State; Zip Code <i>1411 Wiseman Blvd</i>	<i>10.00</i>
Principal occupation / Job title (See Instructions) <i>Mortgage UN</i>		Employer (See Instructions) <i>Wells Fargo</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Alarez</i>	Amount of contribution (\$)
<i>4/16</i>	Contributor address; City; State; Zip Code <i>7711 Deer Bluff SAT 78240</i>	<i>10.00</i>
Principal occupation / Job title (See Instructions) <i>Forensic Acct</i>		Employer (See Instructions) <i>SA Psychiatry</i>

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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: 6
2 FILER NAME <i>Manuel Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Garrett</i>	7 Amount of contribution (\$) <i>12.00</i>
6 Contributor address; City; State; Zip Code <i>9427 Sage Terrace SAT</i>		
8 Principal occupation / Job title (See Instructions) <i>LSSP/BCBA</i>		9 Employer (See Instructions) <i>self-employed (former NISD)</i>
Date <i>4/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Sampson</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>3855 Wetmore Ridge SAT</i>		
Principal occupation / Job title (See Instructions) <i>Case mgr</i>		Employer (See Instructions) <i>Advantage Care Svcs</i>
Date <i>4/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eliazar Cisneros</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>202 W. Lubbock SAT</i>		
Principal occupation / Job title (See Instructions) <i>Student</i>		Employer (See Instructions) <i>retired navy</i>
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guanita Garza</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>8610 Timber Range SAT 78250</i>		
Principal occupation / Job title (See Instructions) <i>Contract Specialist</i>		Employer (See Instructions) <i>Dept of Army</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>Manuel Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4/4</i>	6 Payee name <i>Office Depot</i>	
7 Amount (\$) <i>31.83</i>	8 Payee address; City; State; Zip Code <i>119 SW Loop 410 SAT 78245</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description <i>Campaign Flyers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <i>4/13</i>	Payee name <i>HEB</i>	
Amount (\$) <i>93.78</i>	Payee address; City; State; Zip Code <i>6030 Montgomery DR SAT 78239</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>2</i>	2 FILER NAME <i>Manuel Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4/18</i>	6 Payee name <i>Patrick Orusco (3D Signs)</i>	
7 Amount (\$) <i>701.46</i>	8 Payee address; City; State; Zip Code <i>7886 First St Somerset TX 79069</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>lg pol signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>4/20</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>63.98</i>	Payee address; City; State; Zip Code <i>611 SW Loop 410 SAT 78245</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>tools / materials for sign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>3</i>	2 FILER NAME <i>Manuel Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4/21</i>	6 Payee name <i>Wix.com</i>	
7 Amount (\$) <i>24.89</i>	8 Payee address; City; State; Zip Code <i>online</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp / Fees</i>	(b) Description <i>Website fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Office held		
Date <i>4/24</i>	Payee name <i>Lowe's</i>	
Amount (\$) <i>79.67</i>	Payee address; City; State; Zip Code <i>503 SW Loop 410 SAT 78245</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Sign materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4</i>	2 FILER NAME <i>Manuel Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4/24</i>	6 Payee name <i>Lowe's</i>	
7 Amount (\$) <i>6.80</i>	8 Payee address; City; State; Zip Code <i>5303 W Loop 1604N SAT 78253</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description <i>Sign materials</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/26</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>85.58</i>	Payee address; City; State; Zip Code <i>5101 Cambray Dr SAT 78229</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Sign materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 4/26	6 Payee name Patrick Orusco (BD Sign)	
7 Amount (\$) 220.83	8 Payee address; City; State; Zip Code 7986 First St Somerst TX 79069	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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