

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Luis J.

NICKNAME

LAST

SUFFIX

Garza

### OFFICE USE ONLY

Date Received

*Melissa*  
2008 JUL -9 AM 12:42

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

1717 W Griffin PKWY, Mission TX 78572

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 583-0882

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Cristina O.

NICKNAME

LAST

SUFFIX

Garza

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1717 W Griffin PKWY, Mission TX 78572

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 533-4235

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

01 / 01 / 08

06 / 30 / 08

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

03 / 04 / 08

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace

Justice of the Peace

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #: City; State; Zip Code

additional pages

GO TO PAGE 2

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K: _____
2 FILER NAME _____		3 ACCOUNT # _____
4 Date	5 Payor name ..... 6 Payor address; City; State; Zip Code	8 Amount (\$)
7 Reason for credit		
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (ETHICS COMMISSION ONLY)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Luis Javier Garza

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,750.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,519.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,231.00

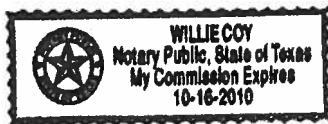
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Luis J. Garza, this the 9th day of July, 20 08, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Willie Coy  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # Ethics Campaigns State	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  6 Contributor address, City, State, Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date

6 Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;    City;   State;   Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: _____	
2 FILER NAME _____		3 ACCOUNT # _____	
4 TOTAL OF UNITEMIZED LOANS:    ↻    ↻    ↻    ↻    ↻    ↻			\$ _____
5 Date of loan _____	7 Name of lender _____ <input type="checkbox"/> out-of-state PAC (ID# _____)		9 Loan Amount (\$) _____
6 Is lender a financial institution?  Y            N	8 Lender address;    City;    State;    Zip Code _____		10 Interest rate _____
			11 Maturity date _____
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor _____  17 Guarantor address;    City;    State;    Zip Code _____		18 Amount Guaranteed (\$) _____
19 Principal Occupation _____		20 Employer _____	
Date of loan _____	Name of lender _____ <input type="checkbox"/> out-of-state PAC (ID# _____)		Loan Amount (\$) _____
Is lender a financial institution?  Y            N	Lender address;    City;    State;    Zip Code _____		Interest rate _____
			Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor _____  Guarantor address;    City;    State;    Zip Code _____		Amount Guaranteed (\$) _____
Principal Occupation _____		Employer _____	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Luis J. Garza		3 ACCOUNT # (Ethics Commission filer's)
4 Date 4/30/08	5 Payee name Promos Etc. 6 Payee address; City; State; Zip Code 403 E. Griffin Pkwy Mission TX	7 Amount (\$) \$ 319.00
8 Purpose of payment (See instructions regarding type of information required.) Shirts w/ Logo		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/7/08	Payee name A : A Custom Designs Payee address; City; State; Zip Code 1003 Ragland MISSION, TX	Amount (\$) \$ 300.00
Purpose of payment (See instructions regarding type of information required.) Bumper stickers w/new logo		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/17/08	Payee name Annual Law Enforcement F.T. Payee address; City; State; Zip Code Joel Contreras	Amount (\$) \$ 50.00 Non Profit
Purpose of payment (See instructions regarding type of information required.) Donation to Non-Profit		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/17/08	Payee name Law Enforcement Fishing tournament Payee address; City; State; Zip Code	Amount (\$) \$ 350.00
Purpose of payment (See instructions regarding type of information required.) Announcement on a banner w/logo Sponsorship to Non-Profit		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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Continued Schedule F

4/1/08 Cody de la Garza \$ 250<sup>00</sup>  
1717 W. Griffin PKWY  
MISSION, TX 78572

Thank You Campaign work

4/1/08 Clint de la Garza  
1717 W. Griffin PKWY  
MISSION TX 78572

Thank You Campaign work \$ 250.00

~~1~~

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name  <b>6</b> Payee address; City; State; Zip Code  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address, City, State, Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address, City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address, City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address, City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address, City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule I:

2 **FILER NAME** 3 **ACCOUNT #** (Ethics Commission filers)

4 <b>Date</b>	5 <b>Payee name</b>  6 <b>Payee address:</b> <b>City:</b> <b>State:</b> <b>Zip Code</b>	8 <b>Amount (\$)</b>
	7 <b>Purpose of expenditure (See instructions regarding type of information required.)</b>	

<b>Date</b>	<b>Payee name</b>  <b>Payee address:</b> <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>Amount (\$)</b>
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b>	

<b>Date</b>	<b>Payee name</b>  <b>Payee address:</b> <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>Amount (\$)</b>
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b>	

<b>Date</b>	<b>Payee name</b>  <b>Payee address:</b> <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>Amount (\$)</b>
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b>	

<b>Date</b>	<b>Payee name</b>  <b>Payee address:</b> <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>Amount (\$)</b>
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b>	

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