1. **CANDIDATE / OFFICEHOLDER NAME**
   - First: Rafael
   - Nickname: Ricky
   - Last: De La Garza
   - Suffix: III

2. **CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
   - Address: 617 W. Colorado, Victoria, TX 77901

3. **CANDIDATE / OFFICEHOLDER PHONE**
   - Area Code: (361)
   - Phone Number: 935-4400

4. **CAMPAIGN TREASURER NAME**
   - First: Lisa
   - Nickname: Kristynik
   - Last: 
   - Suffix: 

5. **CAMPAIGN TREASURER ADDRESS**
   - Address: 307 Kingwood Forest Dr., Victoria, TX 77904

6. **REPORT TYPE**
   - January 15
   - October 15
   - Exceeded $500 limit
   - Final Report (Attach C/OH - FR)

7. **PERIOD COVERED**
   - Month: 07
   - Day: 16
   - Year: 2023
   - Through: 01
   - Day: 15
   - Year: 2024

8. **ELECTION DATE**
   - Month: 08
   - Day: 27
   - Year: 2016
   - Election Type: Special

9. **OFFICE HELD (if any)**
   - Victoria City Council District 1

10. **OFFICE SOUGHT (if known)**
    - Victoria City Council District 1
<table>
<thead>
<tr>
<th>14 C/OH NAME</th>
<th>Rafael De La Garza III</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Filer ID</td>
<td>(Ethics Commission Filers)</td>
</tr>
</tbody>
</table>

### 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 / 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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 17 CONTRIBUTION TOTALS

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

   $ 0

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

   $ 0

### 18 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.

(Handwritten signature)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rafael De La Garza III, this the 12th day of Jan 2024, to certify which, witness my hand and seal of office.

(Handwritten signatures)

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath
<table>
<thead>
<tr>
<th>19</th>
<th>FILER NAME</th>
<th></th>
<th>20</th>
<th>Filer ID (Ethics Commission Filers)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rafael De La Garza III</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>SCHEDULE SUBTOTALS</td>
<td>NAME OF SCHEDULE</td>
<td></td>
<td>SUBTOTAL AMOUNT</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td></td>
<td>$ 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td></td>
<td>$ 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
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<td></td>
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<td>4.</td>
<td>SCHEDULE E: LOANS</td>
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<tr>
<td>5.</td>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td></td>
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<td>6.</td>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
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<td>7.</td>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td>8.</td>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
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<td></td>
</tr>
<tr>
<td>9.</td>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
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<td></td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
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<td></td>
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<td>11.</td>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td></td>
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<tr>
<td>12.</td>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Full name of contributor</td>
<td>out-of-state PAC (ID#)</td>
<td>Amount of contribution ($)</td>
<td>Contributor address; City; State; Zip Code</td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

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: 1

2 FILER NAME Rafael De La Garza III

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

$ 0

5 Date

6 Full name of contributor

7 Contributor address; City; State; Zip Code

8 Amount of Contribution

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm 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

Contributor address; City; State; Zip Code

Amount of Contribution

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm 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 THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule B: | 1 |

| 2 FILER NAME | Rafael De La Garza III |

| 4 TOTAL OF UNITEMIZED PLEDGES | $ 0 |

| 5 Date | 6 Full name of pledgor | □ out-of-state PAC (ID#: | 7 Pledgor address; City; State; Zip Code |
| | | | |

| 8 Amount of Pledge $ | 9 In-kind contribution description |

| □ Check if travel outside of Texas. Complete Schedule T. |

| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |

| 12 Date | 13 Full name of pledgor | □ out-of-state PAC (ID#: | 14 Pledgor address; City; State; Zip Code |
| | | | |

| 15 Amount of Pledge $ | 16 In-kind contribution description |

| □ Check if travel outside of Texas. Complete Schedule T. |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |

| 17 Date | 18 Full name of pledgor | □ out-of-state PAC (ID#: | 19 Pledgor address; City; State; Zip Code |
| | | | |

| 20 Amount of Pledge $ | 21 In-kind contribution description |

| □ Check if travel outside of Texas. Complete Schedule T. |

| 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.
The Instruction Guide explains how to complete this form.

### 2 FILER NAME

**Rafael De La Garza III**

### 4 TOTAL OF UNITEMIZED LOANS

<table>
<thead>
<tr>
<th>Date of loan</th>
<th>Name of lender</th>
<th>Loan Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$0</td>
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</tbody>
</table>

### 6 Is lender a financial Institution?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8 Lender address; City; State; Zip Code

### 10 Interest rate

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11 Maturity date

### 12 Principal occupation / Job title (See Instructions)

### 14 Description of Collateral

<table>
<thead>
<tr>
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</thead>
</table>

### 16 GUARANTOR INFORMATION

<table>
<thead>
<tr>
<th>Name of guarantor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Guarantor address; City; State; Zip Code</th>
</tr>
</thead>
</table>

### 18 Guarantor address; City; State; Zip Code

### 20 Principal Occupation (See Instructions)

### 22 Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.
# Political Expenditures Made From Political Contributions

## Schedule F1

### Expenditure Categories for Box 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By Candidate/Officeholder/Political Committee</td>
<td></td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td></td>
</tr>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Awards/Memorial Expense</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Parking Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Wages/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
<td></td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

### Form Fields

1. **Total pages Schedule F1:** 1
2. **FILER NAME:** Rafael De La Garza III
3. **Filer ID (Ethics Commission Filers):**

### Expenditure Summary

- **Date:**
- **Payee name:**
- **Amount ($):**
- **Payee address; City; State; Zip Code:**

### Purpose of Expenditure

- **Category (See Categories listed at the top of this schedule):**
- **Description:**
  - Check if travel outside of Texas. Complete Schedule T.
  - Check if Austin, TX, officeholder living expense

### Candidate/Officeholder/Office Held

- **Candidate / Officeholder name:**
- **Office sought:**
- **Office held:**

### Additional Information

- **Date:**
- **Payee name:**
- **Amount ($):**
- **Payee address; City; State; Zip Code:**

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*Forms provided by Texas Ethics Commission*  
[www.ethics.state.tx.us](http://www.ethics.state.tx.us)  
Revised 9/8/2015
## UNPAID INCURRED OBLIGATIONS

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- Advertising Expense
- Accounting/Banking Expenses
- Consulting/Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorial Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political 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)

The Instruction Guide explains how to complete this form.

### TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
<th>TYPE OF EXPENDITURE</th>
<th>PURPOSE OF EXPENDITURE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
<th>TYPE OF EXPENDITURE</th>
<th>PURPOSE OF EXPENDITURE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Complete ONLY if direct expenditure to benefit C/OH

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015
# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>The Instruction Guide explains how to complete this form.</strong></td>
<td><strong>1 Total pages Schedule F3:</strong> 1</td>
</tr>
<tr>
<td><strong>FILER NAME</strong></td>
<td><strong>Filer ID</strong> (Ethics Commission Filers)</td>
</tr>
<tr>
<td>Rafael De La Garza III</td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Name of person from whom investment is purchased</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Address of person from whom investment is purchased; City; State; Zip Code</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Description of investment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amount of investment ($)</strong></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Name of person from whom investment is purchased</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Description of investment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amount of investment ($)</strong></td>
</tr>
</tbody>
</table>

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
EXPENDITURES MADE BY CREDIT CARD

EXPENDITURE CATEGORIES FOR BOX :0(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1
2 FILER NAME Rafael De La Garza III
3 Filer ID (Ethics Commission Filers) $ 0

4 TOTAL OF UNITIZED EXPENDITURES CHARGED TO A CREDIT CARD

5 Date
6 Payee name

7 Amount ($)
8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE
   □ Political
   □ Non-Political

10 PURPOSE OF EXPENDITURE
   (a) Category (See Categories listed at the top of this schedule)
   (b) Description
      □ Check if travel outside of Texas. Complete Schedule T.
      □ Check if Austin, TX, officeholder living expense

11 Complete ONLY 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
   □ Political
   □ Non-Political

   PURPOSE OF EXPENDITURE
      Category (See Categories listed at the top of this schedule)
      Description
      □ Check if travel outside of Texas. Complete Schedule T.
      □ Check if Austin, 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015
# POLITICAL EXPENDITURES
## MADE FROM PERSONAL FUNDS

### EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
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<td>Consulting Expense</td>
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<tr>
<td>Contributions/Donations Made By</td>
<td></td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
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<tr>
<td>Credit Card Payment</td>
<td></td>
</tr>
<tr>
<td>Event Expense</td>
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<tr>
<td>Fees</td>
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<td>Gift/Awards/Memorials Expense</td>
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<td>Transportation Equipment &amp; Related Expense</td>
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<td>Travel In District</td>
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<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
<td></td>
</tr>
</tbody>
</table>

### Instructions

- **FILER NAME**: Rafael De La Garza III
- **Date**: ___________________________________________
- **Amount ($)**: _______________________________________
- **Purpose of Expenditure**: ___________________________
- **Category**: (See Categories listed at the top of this schedule) 
  (a) Category (See Categories listed at the top of this schedule) 
  (b) Description
  - [ ] Check if travel outside of Texas. Complete Schedule T.
  - [ ] Check if Austin, TX, officeholder living expense

- **Payee name**: ___________________________
- **Payee address**: ___________________________
- **City**: ___________________________
- **State**: ___________________________
- **Zip Code**: ___________________________

- **Candidate / Officeholder name**: ___________________________
- **Office sought**: ___________________________
- **Office held**: ___________________________

- **Date**: ___________________________________________
- **Amount ($)**: _______________________________________
- **Purpose of Expenditure**: ___________________________
- **Category**: (See Categories listed at the top of this schedule)
  (b) Description
  - [ ] Check if travel outside of Texas. Complete Schedule T.
  - [ ] Check if Austin, TX, officeholder living expense

- **Payee name**: ___________________________
- **Payee address**: ___________________________
- **City**: ___________________________
- **State**: ___________________________
- **Zip Code**: ___________________________

- **Candidate / Officeholder name**: ___________________________
- **Office sought**: ___________________________
- **Office held**: ___________________________

- **Date**: ___________________________________________
- **Amount ($)**: _______________________________________
- **Purpose of Expenditure**: ___________________________
- **Category**: (See Categories listed at the top of this schedule)
  (b) Description
  - [ ] Check if travel outside of Texas. Complete Schedule T.
  - [ ] Check if Austin, TX, officeholder living expense

- **Payee name**: ___________________________
- **Payee address**: ___________________________
- **City**: ___________________________
- **State**: ___________________________
- **Zip Code**: ___________________________

- **Candidate / Officeholder name**: ___________________________
- **Office sought**: ___________________________
- **Office held**: ___________________________

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015*
PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorial Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1
2 FILER NAME
   Rafael De La Garza III
3 Filer ID (Ethics Commission Filers)

4 Date
5 Business name

6 Amount ($)
7 Business address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE
   (a) Category (See Categories listed at the top of this schedule)
   (b) Description
      ☐ Check if travel outside of Texas. Complete Schedule T.
      ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Office sought
   Office held
   Date
   Business name
   Amount ($)
   Business address; City; State; Zip Code

   Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Office sought
   Office held
   Date
   Business name
   Amount ($)
   Business address; City; State; Zip Code

   Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Office sought
   Office held
   Date
   Business name
   Amount ($)
   Business address; City; State; Zip Code

   Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Office sought
   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

The Instruction Guide explains how to complete this form.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
<table>
<thead>
<tr>
<th>Date</th>
<th>Name of person from whom amount is received</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015
**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS**

<table>
<thead>
<tr>
<th><strong>SCHEDULE T</strong></th>
<th><strong>The Instruction Guide explains how to complete this form.</strong></th>
<th><strong>1 Total pages Schedule T:</strong> 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FILER NAME</strong></td>
<td>Rafael De La Garza III</td>
<td><strong>3 Filer ID (Ethics Commission Filers)</strong></td>
</tr>
<tr>
<td><strong>4 Name of Contributor / Corporation or Labor Organization / Pledger / Payee</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 Contribution / Expenditure reported on:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Schedule A2</td>
<td>□ Schedule B</td>
<td>□ Schedule B(J)</td>
</tr>
<tr>
<td>□ Schedule F2</td>
<td>□ Schedule F4</td>
<td>□ Schedule G</td>
</tr>
<tr>
<td><strong>6 Dates of travel</strong></td>
<td><strong>7 Name of person(s) traveling</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8 Departure city or name of departure location</strong></td>
<td><strong>9 Destination city or name of destination location</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10 Means of transportation</strong></td>
<td><strong>11 Purpose of travel (including name of conference, seminar, or other event)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Contributor / Corporation or Labor Organization / Pledger / Payee**

**Contribution / Expenditure reported on:**

□ Schedule A2 | □ Schedule B | □ Schedule B(J) | □ Schedule C2 | □ Schedule D | □ Schedule F1 |

□ Schedule F2 | □ Schedule F4 | □ Schedule G | □ Schedule H | □ Schedule COH-UC | □ Schedule B-SS |

**Dates of travel** | **Name of person(s) traveling** | |
| **Departure city or name of departure location** | **Destination city or name of destination location** | |
| **Means of transportation** | **Purpose of travel (including name of conference, seminar, or other event)** | |

**Name of Contributor / Corporation or Labor Organization / Pledger / Payee**

**Contribution / Expenditure reported on:**

□ Schedule A2 | □ Schedule B | □ Schedule B(J) | □ Schedule C2 | □ Schedule D | □ Schedule F1 |

□ Schedule F2 | □ Schedule F4 | □ Schedule G | □ Schedule H | □ Schedule COH-UC | □ Schedule B-SS |

**Dates of travel** | **Name of person(s) traveling** | |
| **Departure city or name of departure location** | **Destination city or name of destination location** | |
| **Means of transportation** | **Purpose of travel (including name of conference, seminar, or other event)** | |

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

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/8/2015
The Instruction Guide explains how to complete this form.
**Complete only if "Report Type" on page 1 is marked "Final Report"**

<table>
<thead>
<tr>
<th>1 C/OH NAME</th>
<th>2 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder