

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

JUN 25 2026

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 FIRST LAST SUFFIX <i>Adela Daza</i>		Office of the President <i>21</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6569 Lakeside Blvd. Elminto Tx 78515</i>		OFFICE USE ONLY Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION <i>(956) 371-4488</i>		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI LAST SUFFIX <i>Ms. Amade Benson</i>		Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1523 Central Blvd Brownsville Texas 78520</i>			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <i>(956) 932-8479</i>			
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 Modified Reporting Limit ☒ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED		Month Day Year Month Day Year <i>4 / 25 / 2026</i> THROUGH <i>6 / 13 / 2026</i>			
11 ELECTION		ELECTION DATE: Month Day Year ELECTION TYPE: <i>6 / 13 / 2026</i> ☐ Primary ☒ Runoff ☐ Other Description ☐ General ☐ Special			
12 OFFICE		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)		OFFICE HELD (if any): <i>Place 1 Trustee Tx Southmost College</i> 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.			
☐ Additional Pages COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
**FORM C/OH
COVER SHEET PG 2**

JUN 25 2026

15 C/OH NAME

Adela B. Garza

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)

\$ ~~2,000~~ ¹² ~~00~~ ⁰⁰2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 2,000 ⁰⁰EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 2,778 ⁰⁰CONTRIBUTION
BALANCE

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

\$ -0-

OUTSTANDING
LOAN TOTALS

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

\$ 10,000 ⁰⁰

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.

Adela B. Garza ✓

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 *Adela B. Garza*, and my date of birth is *6-8-1952*My address is *781 Lakeside Pl. Suite*, *TX* *78575*

(street)

(city)

(state)

(zip code)

(country)

Executed in *Cameron* County, State of *Texas*, on the _____ day of *June*, 20*26*

(month)

(year)

Signature of Candidate/Officeholder (Declarant) ✓

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

JUN 25 2026

19 FILER NAME

Adela Is Goya

20 Filer ID (Ethics Commission Filers)

Office of the President

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2000 ⁺
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

JUN 25 2026

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

Office of the President

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Isella G. Lopez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-3-26</i>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <i>Rubén Gallegos</i>	7 Amount of contribution (\$) <i>\$2,000</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Brownsville TX 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 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)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

JUN 25 2026 **SCHEDULE F1**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Office of the President

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/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 F1:		2 FILER NAME <i>Adela G. Goya</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/23/2026</i>		5 Payee name <i>J. H. C. Co</i>			
6 Amount (\$) <i>\$1680</i>		7 Payee address; <i>652 W. hewee Brownsville TX</i>		City;	State; Zip Code <i>78520</i>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising expens</i>		(b) Description <i>STGNS</i>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6-11-26</i>		Payee name <i>Divots Bar + Grill</i>			
Amount (\$) <i>\$611.04</i>		Payee address; <i>Laguna Vista</i>		City;	State; Zip Code <i>TX 78578</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food + Beverage</i>		Description <i>Food + Beverages</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>6-13-26</i>		Payee name <i>GiGi's</i>			
Amount (\$) <i>\$1,499.21</i>		Payee address; <i>4157 N. Ex 77</i>		City;	State; Zip Code <i>Brownsville TX 78520</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food + Beverage</i>		Description <i>Food + Beverages</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

JUN 25 2025 FORM C/OH - FR

The Instruction Guide explains how to complete this form.

Office of the President
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Adela B. Goya

2 Filer ID (Ethics Commission Filers)

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.

Adela B. Goya ✓
 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.

Adela B. Goya ✓
 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.

Adela B. Goya ✓
 Signature of Officeholder



OFFICE USE ONLY

Date Received

JUN 25 2026

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name

Filter ID #

- Please complete either option below:**

Signature of Filer

Signature of Filer

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

My name is Adela G. Yarzou, and my date of birth is 6-18-1952.
My address is 781 Lakeside (street), Olmito (city), TX (state), 78575 (zip code), (country).
Executed in Cameron County, State of Texas, on the 23rd day of June, 2011 (month), (year).

My name is Adela G. Garza, and my date of birth is 6-18-1952.
My address is 781 Lakeside Olmsted (street), TX (city), 78575 (state) (zip code) (country).

Executed in Cameron County, State of Texas, on the 23rd day of June, 2026.
(month) (year)

Signature of Filer (Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2026