

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

APR 1 2026

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <i>Ms</i> FIRST: <i>Adela</i> NICKNAME: _____      LAST: <i>GARZA</i> SUFFIX: _____	Office of the President OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>781 Lakeside Olmito Tx 78575</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(956) 371-4488</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <i>Ms.</i> FIRST: <i>Amalia</i> MI: _____ NICKNAME: _____      LAST: <i>Benson</i> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>1523 Central Blvd. Brownsville Tx 78520</i> (Residence or Business)		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(956) 832-8479</i>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <i>01 / 01 / 2026      THROUGH      04 / 01 / 2026</i>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>05 / 02 / 2026</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	
<i>Trustee Texas Southmost College - Place 1</i>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> 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

APR 1 2026

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)

\$ -0-

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

\$ 12,000.00

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 7,930.02

CONTRIBUTION BALANCE

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

\$ 4,069.98

OUTSTANDING LOAN TOTALS

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

\$ 2,000.00

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 G. 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 G. Garza, and my date of birth is 6-8-1952

My address is 781 Lakeside Olmito TX 78575 USA

Executed in Cameron County, State of Texas, on the 6 day of April, 2026

Adela G. Garza
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

APR 1 2026

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Office of the President		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,000 <sup>00</sup>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,000 <sup>00</sup>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 2,000 <sup>00</sup>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7,930 <sup>00</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ -0-
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ -0-
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ -0-
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ -0-
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ -0-

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report. APR 1 2026

The Instruction Guide explains how to complete this form.

Office of the President 1 of 1 Total pages Schedule A1:

2 FILER NAME

**Adela G. GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/30/26**

5 Full name of contributor

**Dr. Ruben Gallegos**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$5,000.00**

6 Contributor address;

City;

State;

Zip Code

**[Redacted] Brownsville TX 78526**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**N. A.**

Date

**2/26/26**

Full name of contributor

**Abel Gonzalez**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$3,000.00**

Contributor address;

City;

State;

Zip Code

**[Redacted] Santa Rosa TX 78593**

Principal occupation / Job title (See Instructions)

**self-employed**

Employer (See Instructions)

**Self**

Date

**2/20/26**

Full name of contributor

**Luis Villarreal**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$2,500.00**

Contributor address;

City;

State;

Zip Code

**[Redacted] Brownsville TX 78521**

Principal occupation / Job title (See Instructions)

**Businessman**

Employer (See Instructions)

**self-employed**

Date

**3/15/26**

Full name of contributor

**DR. Norma Harris-Lopez**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$1,500.00**

Contributor address;

City;

State;

Zip Code

**[Redacted] Laque Vista TX 78579**

Principal occupation / Job title (See Instructions)

**Pharmacist**

Employer (See Instructions)

**Valley Regional Hospital**

**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

Texas Southmost College

## SCHEDULE A2

APR 1 2026

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

The Instruction Guide explains how to complete this form.

Office of the President

2 FILER NAME <b>Adela G. Garza</b>		3 Filer ID (Ethics Commission Filers) <b>1</b>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			
5 Date <b>3/15/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Sanchez</b>	8 Amount of Contribution \$ <b>\$2,000</b>	9 In-kind contribution description <b>use of event center</b>
7 Contributor address; City; State; Zip Code <b>[REDACTED] Brownsville TX 78526</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>self-employed</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>self</b>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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.

Texas Southmost College

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report. APP 1-2006

The Instruction Guide explains how to complete this form.		Office of the President	1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Adela G. Garza</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <b>2/15/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Adela G. Garza</b>	9 Loan Amount (\$) <b>\$2,000<sup>00</sup></b>	
6 Is lender a financial institution?  Y N	8 Lender address; City; State; Zip Code <b>791 Lakeside Olmito TX 78575</b>	10 Interest rate <b>-0-</b>	
		11 Maturity date <b>2/15/27</b>	
12 Principal occupation / Job title (See Instructions) <b>Retired</b>		13 Employer (See Instructions) <b>N.A.</b>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		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**

Texas Southmost College  
**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(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         | Printing 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Adela G. Garza</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/13/26</b>	5 Payee name <b>Fiesta Signs</b>	
6 Amount (\$) <b>\$1,075</b>	7 Payee address; City; State; Zip Code <b>205 Paredes Ln Brownsville TX 78520</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>3/20/26</b>	Payee name <b>J. H. C.</b>	
Amount (\$) <b>\$1,767<sup>00</sup></b>	Payee address; City; State; Zip Code <b>652 Levee St. Brownsville TX 78520</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>3/20/26</b>	Payee name <b>My World Publicity LLC</b>	
Amount (\$) <b>\$ 860<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2615 Boca Chica Blvd. Brownsville TX 78521</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Hand Bags</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report. APR 1 2026

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Office of the President

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Debt Interest   | Publication/Pundraising 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Adela G. GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/12/26</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>\$1,300<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>605 W. Morrison Brownsville TX 78520</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>T-Posts</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>3/15/26</b>	Payee name <b>Regino Villarreal</b>	
Amount (\$) <b>\$900<sup>00</sup></b>	Payee address; City; State; Zip Code <b>317 S. Birch Pharr TX 78577</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>Placing Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/12/26</b>	Payee name <b>Fiesta Graphics</b>	
Amount (\$) <b>\$1,079<sup>00</sup></b>	Payee address; City; State; Zip Code <b>205 Paredes Ln Brownsville TX 78521</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Texas Southmost College

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. APR 1 2026

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                    |  |
|--|-------------------------------|------------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Refinancing Expense | Staff/Office 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                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor      | Other (enter a category not listed above)  |

Office of the President

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Adela G. Garza</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/19/26</b>	5 Payee name <b>Dennys Restaurant</b>	
6 Amount (\$) <b>\$138.81</b>	7 Payee address; City; State; Zip Code <b>6131 Paredes Ln Brownsville TX 78526</b>	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	(b) Description <b>Campaign event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>2/15/26</b>	Payee name <b>WAL-MART</b>	
Amount (\$) <b>\$210.35</b>	Payee address; City; State; Zip Code <b>3500 W. Altow Street Brownsville TX 78520</b>	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Gift/Awards</b>	Description <b>Lotteria Prizes</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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	
<input type="checkbox"/> Check if individual's residence address.		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION**

APR 1 2026

Office of the President

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <b>Adela G. Garza</b>	Filer ID #
-------------------------------------	------------

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the C/OH report due on April 2, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

\_\_\_\_\_  
Signature of Filer

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 G. Garza, and my date of birth is 6-8-1952.

My address is 781 Lakeside (street) Delimito Tx 78575 (city) (state) (zip code) (country)

Executed in Cameron County, State of Texas, on the 1st day of April, 20 2026 (month) (year)

Adela G. Garza  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**