

# 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 Filer)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Leticia	MI	OFFICE USE ONLY  Date Received  		
	NICKNAME Letty	LAST Garza-Galvan	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 495 N. Dr. Ramirez Ave. Roma Tx 78584			Date Hand Delivered or Date Postmarked  Receipt #      Amount \$		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956 )	PHONE NUMBER 8442269	EXTENSION	Date Processed  Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Ramon	MI			
	NICKNAME	LAST Gálvan Jr.	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 2885 E. Grant St Roma, Texas 78584			STATE, ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 956 )	PHONE NUMBER 735-5735	EXTENSION			
9 REPORT TYPE	<input checked="" 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 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 7	Day 31	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description  Starr County Judge	ELECTION TYPE	
	<input type="checkbox"/> General	<input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) none	13 OFFICE SOUGHT (if known) Starr County Judge				
14 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.					
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

15 C/OH NAME Leticia G. Galvan	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) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8,000.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 4,800.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 57,468.40
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 31,533.60
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 75,000.00

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



ANA MARIA MOLINA  
My Notary ID # 12189785  
Expires December 11, 2028

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leticia Garza Galvan this the 15th day of January 2026,

20 26, to certify which, witness my hand and seal of office.

Ana Maria Molina

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> Leticia G. Galvan	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,000.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,045.60
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 75,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 51,466.40
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,002.00
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

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: <b>1</b>
<b>2 FILER NAME</b> <b>Leticia G. Galvan</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  <b>10/16/2025</b>	<b>5 Full name of contributor</b>  <b>Jonathan R Sakulenzki</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b>  <b>3,000.00</b>
<b>6 Contributor address;</b>  <b>1200 Fresno Ave McAllen Tx 78501</b>		<b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b>	
<b>8 Principal occupation / Job title (See Instructions)</b>  <b>Insurance Agent</b>		<b>9 Employer (See Instructions)</b>  <b>Valley Risk Consulting</b>	
<b>Date</b>  <b>11/21/2025</b>	<b>Full name of contributor</b>  <b>Amando Pena Jr. Investment</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Contributor address;</b>  <b>7251 Hwy 83 Rio Grande City</b>		<b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>  <b>Business Owner</b>		<b>Employer (See Instructions)</b>  <b>Self Employed</b>	
<b>Date</b>  <b>11/25/2025</b>	<b>Full name of contributor</b>  <b>Fernando Pena</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Contributor address;</b>  <b>14 E. Rios Cove Roma, Tx</b>		<b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>  <b>Business Owner</b>		<b>Employer (See Instructions)</b>  <b>Self Employed</b>	
<b>Date</b>  <b>12/01/2025</b>	<b>Full name of contributor</b>  <b>Manuel Alejandro Villa</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>3,000.00</b>
<b>Contributor address;</b>  <b>1312 E. Helena Ave, Mcallen Tx 78503</b>		<b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>  <b>Contractor</b>		<b>Employer (See Instructions)</b>  <b>Self Employed</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2: <b>2</b>
<b>2 FILER NAME</b> <b>Leticia G. Galvan</b>				3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b> \$ <b></b>				
<b>5 Date</b> 10/08/2025	<b>6 Full name of contributor</b> <b>Leticia P. Garza</b>	<input type="checkbox"/> out-of-state PAC (ID#: <b></b> )	<b>8 Amount of Contribution \$</b> <b>4,500.00</b>	<b>9 In-kind contribution description</b> <b>La Pistolera advertisement</b>
	<b>7 Contributor address;</b> <b>67 N Fm 649</b>	<b>City;</b> <b>Roma</b>	<b>State;</b> <b>TEXAS</b>	<b>Zip Code</b> <b>78584</b>
<small>Check if travel outside of Texas. Complete Schedule T.</small>				
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> <b>Business owner</b>		<b>11 Employer (FOR NON-JUDICIAL)(See Instructions)</b> <b>Self Employed</b>		
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</b>		
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <b>Heraldo Garza</b>	<input type="checkbox"/> out-of-state PAC (ID#: <b></b> )	<b>Amount of Contribution \$</b> <b>1,200.00</b>	<b>In-kind contribution description</b> <b>Las Noticias advertisement</b>
	<b>Contributor address;</b> <b>67 N Fm 649</b>	<b>City;</b> <b>Roma</b>	<b>State;</b> <b>TEXAS</b>	<b>Zip Code</b> <b>78584</b>
<small>Check if travel outside of Texas. Complete Schedule T.</small>				
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b> <b>Retired</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> <b>None</b>		
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2: <b>2</b>										
<b>2 FILER NAME</b> <b>Leticia G. Galvan</b>				3 Filer ID (Ethics Commission Filers)										
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b> \$ _____														
5 Date 10/14/2025	6 Full name of contributor <b>Leticia P. Garza</b>	7 Contributor address; 67 N Fm 649	8 Amount of Contribution \$ 2,345.60	9 In-kind contribution description Town Crier Newspaper advertisement										
<small>Check if travel outside of Texas. Complete Schedule T.</small>														
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b> <b>Business owner</b>		<b>11 Employer (FOR NON-JUDICIAL) (See Instructions)</b> <b>Self Employed</b>												
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</b>												
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>												
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>														
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address;</td> <td>□ out-of-state PAC (ID#: City; State; Zip Code</td> <td>Amount of Contribution \$</td> <td>In-kind contribution description</td> </tr> <tr> <td colspan="5"> <small>Check if travel outside of Texas. Complete Schedule T.</small> </td> </tr> </table>					Date	Full name of contributor Contributor address;	□ out-of-state PAC (ID#: City; State; Zip Code	Amount of Contribution \$	In-kind contribution description	<small>Check if travel outside of Texas. Complete Schedule T.</small>				
Date	Full name of contributor Contributor address;	□ out-of-state PAC (ID#: City; State; Zip Code	Amount of Contribution \$	In-kind contribution description										
<small>Check if travel outside of Texas. Complete Schedule T.</small>														
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>												
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>												
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>												
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>														
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>														

**LOANS****SCHEDULE E**

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 E: <b>1</b>
<b>2 FILER NAME</b> <b>Leticia G. Galvan</b>			3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED LOANS</b>			\$ <b>75,000.00</b>
<b>5 Date of loan</b> <b>09/01/2025</b>	<b>7 Name of lender</b> <b>Leticia G. Galvan</b>	<b>8 Lender address;</b> <b>495 N. Dr. Ramirez Ave, Roma,Tx 78584</b>	<b>9 Loan Amount (\$)</b> <b>75,000.00</b>
<b>6 Is lender a financial institution?</b> <input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>			<b>10 Interest rate</b>
			<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> <b>Business Owner</b>		<b>13 Employer (See Instructions)</b> <b>Self Employed</b>	
<b>14 Description of Collateral</b> <b>none</b>		<b>15</b> Check if personal funds were deposited into political account (See Instructions)	
<b>16 GUARANTOR INFORMATION</b>  <b>not applicable</b>	<b>17 Name of guarantor</b>  <b>18 Guarantor address;</b>  <b>City; State; Zip Code</b>		<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation (See Instructions)</b>	<b>21 Employer (See Instructions)</b>		
<b>Date of loan</b>	<b>Name of lender</b>	<b>□ out-of-state PAC (ID#:</b> _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial institution?</b> <input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	<b>Lender address;</b>	<b>City; State; Zip Code</b>	<b>Interest rate</b>
			<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Description of Collateral</b> <b>none</b>		Check if personal funds were deposited into political account (See Instructions)	
<b>GUARANTOR INFORMATION</b>  <b>not applicable</b>	<b>Name of guarantor</b>  <b>Guarantor address;</b>  <b>City; State; Zip Code</b>		<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**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

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Leticia G. Galvan</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>09/04/2025</b>	5 Payee name <b>Rodd &amp; Associates</b>		
6 Amount (\$) <b>5,000.00</b>	7 Payee address; <b>1117 North Main St McAllen Tx 78501</b>	City; State; Zip Code	
Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consultant Fee</b>	(b) Description <b>Banners/ Signs</b>	
	(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 <b>09/09/2025</b>	Payee name <b>Rodd &amp; Associates</b>		
Amount (\$) <b>22,281.07</b>	Payee address; <b>1117 North Main St McAllen Tx 78501</b>	City;	State; Zip Code
Check if individual's residence address.			
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>signs</b>	
	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 <b>09/11/2025</b>	Payee name <b>Rodd &amp; Associates</b>		
Amount (\$) <b>5,227.39</b>	Payee address; <b>1117 North Main St McAllen Tx 78501</b>	City;	State; Zip Code
Check if individual's residence address.			
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	Description <b>Banners</b>	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	<b>2 FILER NAME</b> 3 Leticia G. Galvan	<b>3 Filer ID (Ethics Commission Filers)</b>
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4 Date 09/11/2025	5 Payee name Rodd & Associates	City;	State;	Zip Code
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6 Amount (\$) <b>3,000.00</b>	7 Payee address; 1117 North Main St McAllen Tx 78501	Check if individual's residence address.	City;	State;	Zip Code
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting/Design	(b) Description
	(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
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Date 09/18/2025	Payee name Honorio Garza III	City;	State;	Zip Code
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Amount (\$) <b>6,038.19</b>	Payee address; 194 S. FM 2360 La Grulla Tx 78584	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Banners
	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
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Date 11/10/2025	Payee name Rodd & Associates	City;	State;	Zip Code
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Amount (\$) <b>1,379.05</b>	Payee address; 1117 North Main St McAllen Tx 78501	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Bumper Stickers
	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
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**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.

### 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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Leticia G. Galvan</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/13/2025</b>	5 Payee name <b>Honorio Garza III</b>		
6 Amount (\$) <b>2,540.70</b>	7 Payee address; <b>194 S FM 2360 La Grulla Tx 78548</b>	City; State; Zip Code	
Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	(b) Description <b>Banners/ Signs</b>	
	(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 <b>11/24/2025</b>	Payee name <b>Rodd &amp; Associates</b>		
Amount (\$) <b>3,000.00</b>	Payee address; <b>1117 North Main St McAllen Tx 78501</b>	City;	State; Zip Code
Check if individual's residence address.		Check if Austin, TX, officeholder living expense	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <b>Nov/Dec</b>	
	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 <b>12/29/2025</b>	Payee name <b>Rodd &amp; Associates</b>		
Amount (\$) <b>3,000.00</b>	Payee address; <b>1117 North Main St McAllen Tx 78501</b>	City;	State; Zip Code
Check if individual's residence address.		Check if Austin, TX, officeholder living expense	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <b>Dec/Jan</b>	
	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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Leticia G. Galvan</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/01/2025</b>	5 Payee name <b>Taqueria EL Sombrero Loco</b>	
6 Amount (\$) <b>800.00</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; <b>Rio Grande City</b>  <small>Check if individual's residence address.</small>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	(b) Description <b>Food</b>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought
		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>10/01/2025</b>	Payee name <b>Taco Madre Taquiza</b>	
Amount (\$) <b>800.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>Rio Grande City</b>  <small>Check if individual's residence address.</small>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>Food</b>
	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 <b>10/01/2025</b>	Payee name <b>sams</b>	
Amount (\$) <b>902.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>7601 N 10th St McAllen Tx 78504</b>  <small>Check if individual's residence address.</small>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>Drinks / Supplies</b>
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Leticia G. Galvan</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/24/2025</b>	5 Payee name <b>La Ganadera Gourmet Meat Market</b>	
6 Amount (\$) <b>1,040.00</b> Reimbursement from political contributions intended	7 Payee address; <b>2515 Colorado St Suite 8 Mission Tx 78572</b> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	(b) Description <b>Burger Patties</b>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought Office held
Date <b>10/24/2025</b>	Payee name <b>Sams</b>	
Amount (\$) <b>1,460.00</b> Reimbursement from political contributions intended	Payee address; <b>7601 N 10th St McAllen Tx 78504</b> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>Food/ Supplies</b>
	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 <b>10/24/2025</b>	Payee name <b>DJ Paola</b>	
Amount (\$) <b>1,000.00</b> Reimbursement from political contributions intended	Payee address; <b>Roma Tx</b> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Entertainment Event Expenses</b>	Description <b>Multiple Events</b>
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		