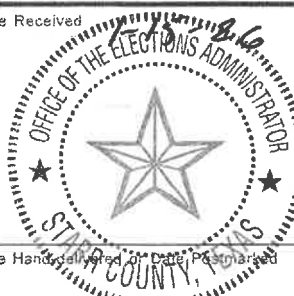


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs</div> <div>FIRST Leticia</div> <div>MI MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME Letty</div> <div>LAST Garza-Galvan</div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>    Date Received  Date Hand Delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 495 N. Dr. Ramirez Ave.</div> <div>APT / SUITE #; Apt 10</div> <div>CITY; Roma</div> <div>STATE; Tx</div> <div>ZIP CODE 78584</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (956)</div> <div>PHONE NUMBER 8442269</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr</div> <div>FIRST Ramon</div> <div>MI MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME Gálvan Jr.</div> <div>LAST</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 2885 E. Grant St Roma, Texas 78584</div> <div>APT / SUITE #;</div> <div>CITY; Roma</div> <div>STATE; Texas</div> <div>ZIP CODE 78584</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (956)</div> <div>PHONE NUMBER 735-5735</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  7      31      25 </div> <div>THROUGH</div> <div> Month      Day      Year  12      31      25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  3      3      26 </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) none	13 OFFICE SOUGHT (if known) Starr County Judge									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,800.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,468.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31,533.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 75,000.00

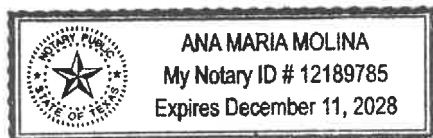
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leticia Garza Galvan this the 15th day of January 2026, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Ana Maria Molina

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

19 FILER NAME

Leticia G. Galvan

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>Leticia G. Galvan</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/08/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Leticia P. Garza</b>	8 Amount of Contribution \$ <b>4,500.00</b>	9 In-kind contribution description <b>La Pistolera advertisement</b>
7 Contributor address; City; State; Zip Code <b>67 N Fm 649 Roma TEXAS 78584</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Business owner</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self Employed</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 <b>10/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Heraldo Garza</b>	Amount of Contribution \$ <b>1,200.00</b>	In-kind contribution description <b>Las Noticias advertisement</b>
Contributor address; City; State; Zip Code <b>67 N Fm 649 Roma TEXAS 78584</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>None</b>	
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)			
<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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Leticia G. Galvan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/14/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leticia P. Garza 7 Contributor address; City; State; Zip Code 67 N Fm 649 Roma TEXAS 78584	8 Amount of Contribution \$ 2,345.60	9 In-kind contribution description Town Crier Newspaper advertisement Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
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#: 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.			

**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>
2 FILER NAME <b>Leticia G. Galvan</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>75,000.00</b>
5 Date of loan <b>09/01/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leticia G. Galvan</b>	9 Loan Amount (\$) <b>75,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>495 N. Dr. Ramirez Ave, Roma, Tx 78584</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		13 Employer (See Instructions) <b>Self Employed</b>
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
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: <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; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>			
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) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>signs</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>		Description <b>Banners</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Leticia G. Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)																	
<b>4</b> Date <b>09/11/2025</b>	<b>5</b> Payee name <b>Rodd &amp; Associates</b>																		
<b>6</b> Amount (\$) <b>3,000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>																		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting/Design</b>																		
	<b>(b)</b> Description  																		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>																		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date <b>09/18/2025</b></td> <td colspan="2">Payee name <b>Honorio Garza III</b></td> </tr> <tr> <td>Amount (\$) <b>6,038.19</b></td> <td colspan="2"> Payee address; City; State; Zip Code  <b>194 S. FM 2360 La Grulla Tx 78584</b>  <small>Check if individual's residence address.</small> </td> </tr> <tr> <td rowspan="2"><b>PURPOSE OF EXPENDITURE</b></td> <td colspan="2"> Category (See Categories listed at the top of this schedule)  <b>Printing Expenses</b> </td> </tr> <tr> <td colspan="2"> Description  <b>Banners</b> </td> </tr> <tr> <td></td> <td colspan="2"> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> </td> </tr> <tr> <td colspan="3"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held </td> </tr> </table>			Date <b>09/18/2025</b>	Payee name <b>Honorio Garza III</b>		Amount (\$) <b>6,038.19</b>	Payee address; City; State; Zip Code <b>194 S. FM 2360 La Grulla Tx 78584</b> <small>Check if individual's residence address.</small>		<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>		Description <b>Banners</b>			<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>09/18/2025</b>	Payee name <b>Honorio Garza III</b>																		
Amount (\$) <b>6,038.19</b>	Payee address; City; State; Zip Code <b>194 S. FM 2360 La Grulla Tx 78584</b> <small>Check if individual's residence address.</small>																		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>																		
	Description <b>Banners</b>																		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>																		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date <b>11/10/2025</b></td> <td colspan="2">Payee name <b>Rodd &amp; Associates</b></td> </tr> <tr> <td>Amount (\$) <b>1,379.05</b></td> <td colspan="2"> Payee address; City; State; Zip Code  <b>1117 North Main St McAllen Tx 78501</b>  <small>Check if individual's residence address.</small> </td> </tr> <tr> <td rowspan="2"><b>PURPOSE OF EXPENDITURE</b></td> <td colspan="2"> Category (See Categories listed at the top of this schedule)  <b>Printing</b> </td> </tr> <tr> <td colspan="2"> Description  <b>Bumper Stickers</b> </td> </tr> <tr> <td></td> <td colspan="2"> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> </td> </tr> <tr> <td colspan="3"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held </td> </tr> </table>			Date <b>11/10/2025</b>	Payee name <b>Rodd &amp; Associates</b>		Amount (\$) <b>1,379.05</b>	Payee address; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>		<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Bumper Stickers</b>			<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/10/2025</b>	Payee name <b>Rodd &amp; Associates</b>																		
Amount (\$) <b>1,379.05</b>	Payee address; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>																		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>																		
	Description <b>Bumper Stickers</b>																		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>																		
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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Leticia G. Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/13/2025</b>	<b>5</b> Payee name <b>Honorio Garza III</b>	
<b>6</b> Amount (\$) <b>2,540.70</b>	<b>7</b> Payee address; City; State; Zip Code <b>194 S FM 2360 La Grulla Tx 78548</b> <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	
	<b>(b)</b> Description <b>Banners/ Signs</b>	
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> 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; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	
	Description <b>Nov/Dec</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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; City; State; Zip Code <b>1117 North Main St McAllen Tx 78501</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	
	Description <b>Dec/Jan</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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  
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 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; City; State; Zip Code <b>Rio Grande City</b> <small>Check if individual's residence address.</small>			
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) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
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; City; State; Zip Code <b>Rio Grande City</b> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>		Description <b>Food</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY 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; City; State; Zip Code <b>7601 N 10th St McAllen Tx 78504</b> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>		Description <b>Drinks / Supplies</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY 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  
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 G: <b>2</b>		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> <small>Reimbursement from political contributions intended</small>		7 Payee address; City; State; Zip Code <b>2515 Colorado St Suite 8 Mission Tx 78572</b> <small>Check if individual's residence address.</small>			
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) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 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>Sams</b>			
Amount (\$) <b>1,460.00</b> <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code <b>7601 N 10th St McAllen Tx 78504</b> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>		Description <b>Food/ Supplies</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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> <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code <b>Roma Tx</b> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Entertainment Event Expenses</b>		Description <b>Multiple Events</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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>					