

# 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	MS / MRS / MR	FIRST Mr. Armando	MI A	OFFICE USE ONLY  			
	NICKNAME Armando	LAST Garcia	SUFFIX SR.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 33 Escobar Rd.	APT / SUITE #:	CITY: Roma	STATE: ZIP CODE Texas 78584			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210 )	PHONE NUMBER 954-0162	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mrs. Flor	MI E	Receipt #   Amount \$  Date Processed  Date Imaged			
	NICKNAME Esmeralda	LAST Zarate	SUFFIX PHD				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 6336 FM 1430		CITY: Rio Grande City	STATE; ZIP CODE Texas 78582			
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 956 )	PHONE NUMBER 844-0485	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 / 1 /	Year / 25 /	Month 12	Day / 31 /	Year / 25 /	
11 ELECTION	ELECTION DATE Month 3 / Day / 3 / Year / 26 /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) JP Precinct 8			
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	COMMITTEE NAME					
		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**

Juan Armando Garcia Sr

**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) \$ 450.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 450.00

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00

**CONTRIBUTION  
BALANCE**

4. TOTAL POLITICAL EXPENDITURES \$ 1,827.72

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

**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**

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 Juan Armando Garcia Sr. and my date of birth is 8/30/1967

My address is 33 Escobar Rd \_\_\_\_\_, Roma \_\_\_\_\_, TX \_\_\_\_\_, Starr \_\_\_\_\_

(street)

(city)

(state)

(zip code)

(country)

Executed in Starr County, State of Texas, on the 15th day of January, 2025.

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> Juan Armando Garcia Sr.	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,168.99
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,827.72
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	\$

# 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>
<b>2 FILER NAME</b> Juan Armando Garcia Sr.		3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		\$
<b>5 Date</b> 12/10/2025	<b>6 Full name of contributor</b> Olegario Garcia ----- <b>7 Contributor address;</b> City: Roma State: Texas Zip Code 19 Ramos St Roma Texas 78584	<b>8 Amount of Contribution \$</b> 190.00 ----- <b>9 In-kind contribution description</b> Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>11 Employer (FOR NON-JUDICIAL) (See Instructions)</b>
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b> Self Employed		<b>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</b> Owner
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b> Self Employed		<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> 12/10/2025	<b>Full name of contributor</b> Victoria Silva-Garcia ----- <b>Contributor address;</b> City: Roma State: Texas Zip Code 33 Escobr Rd Roma Texas 78584	<b>Amount of Contribution \$</b> 812.00 ----- <b>In-kind contribution description</b> Check if travel outside of Texas. Complete Schedule T.
<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> School Employee		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b> School Counselor
<b>Contributor's employer/law firm (FOR JUDICIAL)</b> Public School District		<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> 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>
<b>2 FILER NAME</b> Juan Armando Garcia Sr.		3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		\$
<b>5 Date</b>  12/10/2025	<b>6 Full name of contributor</b>  Rosa Ramirez	<b>8 Amount of Contribution \$</b>  <b>166.99</b>
	<b>7 Contributor address:</b> 6336 FM 1430 Rio Grande City Texas 78582	<b>9 In-kind contribution description</b>  Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions)		<b>11 Employer (FOR NON-JUDICIAL)</b> (See Instructions)
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b> Retired		<b>13 Contributor's job title (FOR JUDICIAL)</b> (See Instructions) Retired
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b> Retired		<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>	<b>Full name of contributor</b>  Contributor address; City; State; Zip Code	<b>Amount of Contribution \$</b>  Check if travel outside of Texas. Complete Schedule T.
		<b>In-kind contribution description</b>
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See Instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See Instructions)
<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> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**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.			<b>1</b> Total pages Schedule A1: 1
<b>2 FILER NAME</b> Juan Armando Garcia Sr.			<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 12/28/2025	<b>5 Full name of contributor</b> Fermin Orta <b>6 Contributor address;</b> 4644 W. HWY 83ROMA, TX 78584	<b>7 out-of-state PAC (ID#)</b> .....	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b> Constable		<b>9 Employer (See Instructions)</b> Starr County	
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> Leonor Orta <b>Contributor address;</b> 4644 W. HWY 83ROMA, TX 78584	<b>out-of-state PAC (ID#)</b> .....	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Homemaker		<b>Employer (See Instructions)</b> Homemaker	
<b>Date</b> 12/27/2025	<b>Full name of contributor</b> Emma Vasquez (Check#408) <b>Contributor address;</b> 12231 Westmere Dr. Houston, Texas 77077	<b>out-of-state PAC (ID#)</b> .....	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b> Self Employed	
<b>Date</b>	<b>Full name of contributor</b> .....	<b>out-of-state PAC (ID#)</b> .....	<b>Amount of contribution (\$)</b>
<b>Contributor address;</b> .....		<b>City;</b> .....	<b>State; Zip Code</b> .....
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

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# 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: 2	2 FILER NAME Juan Armando Garcia Sr.	3 Filer ID (Ethics Commission Filers)	
4 Date 12/10/2025	5 Payee name CS Graphics Commerical Printing		
6 Amount (\$) 1,136.63	7 Payee address; 1490 E. 7th St <small>Check if individual's residence address.</small>	City: Roma State: Texas Zip Code 78584	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs	
	(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 12/10/2025	Payee name CS Graphics Commercial Printing		
Amount (\$) 142.89	Payee address; 1490 E. 7th St <small>Check if individual's residence address.</small>	City: Roma	State: Texas Zip Code 78584
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs	
	<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 12/15/2025	Payee name CS Graphics Commercial Printing		
Amount (\$) 173.20	Payee address; 1490 E. 7th St <small>Check if individual's residence address.</small>	City: Roma	State: Texas Zip Code 78584
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs	
	<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  
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 Juan Armando Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2025	5 Payee name Starr County Democratic Chair - Dr Jessica Vera- Rios		
6 Amount (\$) 375.00	7 Payee address; 3722 U.S. Hwy 83	City; Rio Grande City	State; Texas Zip Code 78582
<small>Check if individual's residence address.</small>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Candidate Filing Fee	(b) Description Candidate Filing Fee	
	<small>(c) 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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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			

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