

CAND DATE / OFF CEHOLDER
CAMPA GN F NA CE 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:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

NICKNAME

A.J.

FIRST

Aaron

LAST

Garcia

MI

J

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

1515 Grand Ave

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Fort Worth TX 76164

4/29/2022

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(817)

PHONE NUMBER

714-1376

EXTENSION

Date Postmarked

Receipt # Amount \$
Date Processed 4/29/2022

4/29/2022

NICKNAME

LAST

Raga

SUFFIX

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

204 McKinley Ave

CITY;

Ft Worth

STATE;

TX

ZIP CODE

76164

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(817)

PHONE NUMBER

235-7547

EXTENSION

9 REPORT TYPE

☐ General

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign

CAND DATE / OFF CE OLDER
CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Aaron Garcia

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2

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

\$

11,350.00

EXPENDITURE
TOTALS

3

TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4.

TOTAL POLITICAL EXPENDITURES

\$

11 33.64

CONTRIBUTION

20

22

Election Officer

OUTSTANDING
LOAN TOTALS

6

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

\$

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Aaron Garcia

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT



SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 11350.00

2.



SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3.

SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4.

SCHEDULE E: LOANS

\$

5.



SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 11533.64

6.

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7.



SCHEDULE F3: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

8.

\$

9.

\$

10.

\$

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

\$

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

11.



SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

12.

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

2 FILER NAME

Aaron Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC

7 Amount of contribution (\$)

04-09-22

Maria Balandran

25.00

6 Contributor address;

City;

State;

Zip Code

6229 Thunderwind Dr Fort Worth TX 76179

8. Principal occupation / job title (See Instructions)

9. Employer (See Instructions)

☐ out-of-state PAC (ID#: _____)

☐ out-of-state PAC (ID#: _____)

Retired

Date

Full name of contributor

Amount of contribution (\$)

04-09-22

Contributor address;

City;

State;

Zip Code

100.00

☐ out-of-state PAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

☐ out-of-state PAC (ID#: _____)

9 Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC (ID#: _____)

State; Zip Code

Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC (ID#: _____) Amount of contribution (\$)

Dec Kelly Jr

Contributor

☐ out-of-state PAC (ID#: _____)

2 FILER NAME

Aaron Garcia

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

04-13-22

6 Contributor address;

City;

State;

Zip Code

121 Rivercrest dr

Fort Worth

TX 76107

500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

4 Date

☐ out-of-state PAC (ID#:)

State:

TX

Date

☐ out-of-state PAC (ID#:)

Date

☐ out-of-state PAC (ID#:)

2 FILER NAME

Aaron Garcia

5 Full name of contributor

Alfred Saenz

7 Amount of contribution (\$)

04-19-22

6 Contributor address;

407 Throckmorton St

City;

Fort
Worth

Zip Code

76102

500.00

8 Principal occupation / Job title (See Instructions)

owner

9 Employer (See Instructions)

Multatech

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

2 FILER NAME

Aaron Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

State: Zip Code

TX 76107

Relax it down

Date

☐ out-of-state PAC (ID#:

Date

Full name of contributor

☐ out-of-state PAC (ID#:

ZM Investments LLC

Date

☐ out-of-state PAC (ID#:

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

TEU

Full name of contributor

Francisco Hernandez

Amount of contribution (\$)

500.00

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:
2 FILER NAME	Aaron Garcia	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	DeLeon Campaign Committee	

04-26-22

6 Contributor address;

P.O. Box 470743

City;

Fort Worth

State;

TX

Zip Code

76147

250.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Jud

Justice of Peace court 5 Tarrant county

Date

Full name of contributor
Full name of contributor

☐ out-of-state PAC (

Joel Burns

4-28-22

Contributor address;

2420 S Adams St

City;
City;

Fort Worth

State;
State;

TX

Zip Code
Zip Code

76110

250.00

Principal occupation / Job title (See instructions)
Principal occupation / Job title (See instructions)

Employer (See instructions)
Employer (See instructions)

retired

Date

☐ out-of-state PAC (I

Amount of contribution (\$)
Amount of contribution (\$)

Contributor address;
Contributor address;

State; Zip Code

Full name of contributor

Principal occupation / Job title (See instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

For information only, do not include this page in the

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense

Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Candidate/Officeholder/Political Committee

Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Credit Card Payment

1 Total pages Schedule F1

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

2 FILER NAME

Aaron Garcia

(a) Category (See Categories listed at the top of this schedule)

Murphy Nasica

6 Amount (\$)

4-7-22

214.34

7 Payee address;

P.O. Box 1648

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Printing

City;

State;

Zip Code

Austin

TX

78767

☐

Check if Austin, TX, officeholder living expense

(b) Description

Office held

Pushcards 1.0

8 Complete ONLY if direct
expenditure to benefit C/OH

PURPOSE
OF
EXPENDITURE

Date

Payee name

4-7-22

Murphy Nasica

City:

State:

Zip Code

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOYS/g

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

19. [REDACTED]

20. [REDACTED]

21. [REDACTED]

22. [REDACTED]

23. [REDACTED]

24. [REDACTED]

25. [REDACTED]

26. [REDACTED]

27. [REDACTED]

28. [REDACTED]

29. [REDACTED]

30. [REDACTED]

31. [REDACTED]

32. [REDACTED]

33. [REDACTED]

34. [REDACTED]

35. [REDACTED]

36. [REDACTED]

37. [REDACTED]

38. [REDACTED]

39. [REDACTED]

40. [REDACTED]

41. [REDACTED]

42. [REDACTED]

43. [REDACTED]

44. [REDACTED]

45. [REDACTED]

46. [REDACTED]

47. [REDACTED]

48. [REDACTED]

49. [REDACTED]

50. [REDACTED]

51. [REDACTED]

52. [REDACTED]

53. [REDACTED]

54. [REDACTED]

55. [REDACTED]

56. [REDACTED]

57. [REDACTED]

58. [REDACTED]

59. [REDACTED]

60. [REDACTED]

61. [REDACTED]

62. [REDACTED]

63. [REDACTED]

64. [REDACTED]

65. [REDACTED]

66. [REDACTED]

67. [REDACTED]

68. [REDACTED]

69. [REDACTED]

70. [REDACTED]

71. [REDACTED]

72. [REDACTED]

73. [REDACTED]

74. [REDACTED]

75. [REDACTED]

76. [REDACTED]

77. [REDACTED]

78. [REDACTED]

79. [REDACTED]

80. [REDACTED]

81. [REDACTED]

82. [REDACTED]

83. [REDACTED]

84. [REDACTED]

85. [REDACTED]

86. [REDACTED]

87. [REDACTED]

88. [REDACTED]

89. [REDACTED]

90. [REDACTED]

91. [REDACTED]

92. [REDACTED]

93. [REDACTED]

94. [REDACTED]

95. [REDACTED]

96. [REDACTED]

97. [REDACTED]

98. [REDACTED]

99. [REDACTED]

100. [REDACTED]

4. Date	5 Payee name			
	7 Payee address	City	State	Zip Code
		Austin	TX	78767

2 FILER NAME			
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
9-20-22	Murphy Wasica	mailer	

6	A		
	3556.97	P.O. Box 1648	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
			Office held
		(b) Description	

8	9	10
PURPOSE OF EXPENDITURE	Payee name	Description
	Printing	

(c)	Payee address;	City;	State;
	PO Box 1698	Austin	TX

4-26-22 Murphy Nascia

Candidate _____ Date _____

3566 97

Candidate/Officerholder/Political Committee	Legal Services	Salaries/Wages/Description	Other (enter a category not listed above)
PURPOSE OF EXPENDITURE <i>Printing</i> <i>Master</i>			