

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: <u>Mr.</u> FIRST: <u>Aaron</u> MI: <u>J</u> NICKNAME: <u>A.J.</u> LAST: <u>Garcia</u> SUFFIX:	OFFICE USE ONLY Date Received RECEIVED APR 7 2022 Board of Education Date Hand-delivered or Date Postmarked 4-7-2022 Receipt # Amount \$ Date Processed 4-7-2022 Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1515 Grand Ave</u> <u>Fort Worth TX 76164</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>714-1376</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>Leandro</u> MI: <u>F</u> NICKNAME: LAST: <u>Raga</u> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2204 McKinley Ave</u> <u>Fort Worth</u> <u>TX</u> <u>76164</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>235-7547</u>		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>03 / 24 / 2022</u> <u>04 / 06 / 2022</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 07 / 2022</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Fort Worth ISD school trustee district 1</u>	
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.		
<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**

15 C/OH NAME <u>Aaron Garcia</u>		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)	\$ <u>3725.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>121.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3603.55</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

A. Garcia

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Aaron Garcia this the 7th day of April

20 22, to certify which, witness my hand and seal of office.

Laura Litton

Laura Litton

Exec. Secretary

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

19 FILER NAME <i>Aaron Garcia</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3725. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 121.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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:
2 FILER NAME Aaron Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03-26-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dylan Ondarza	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 8417 Muddy Creek Dr Fort Worth TX 76131		
8 Principal occupation / Job title (See Instructions) District Sales Manager		9 Employer (See Instructions) General Motors
Date 03-30-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Owens	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 9303 Diane Court White Settlement TX 76108		
Principal occupation / Job title (See Instructions) Assistant District Attorney		Employer (See Instructions) Tarrant County DA's office
Date 04-01-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Anfin	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 7020 castle creek court Fort Worth TX 76132		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03-28-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio DeLeon	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 470743 Fort Worth TX 76147		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Justice of the Peace court 5 Tarrant County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.		1 Total pages Schedule A1:
2 FILER NAME Aaron Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04-04-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlena Jaso	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2106 Lee Ave Fort Worth TX 76164		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) National General Lender Services
Date 04-04-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Bunton	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 112 Palomino Court Cresson TX 76035		
Principal occupation / Job title (See Instructions) Police		Employer (See Instructions) FWRPD
Date 04-05-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvador Espino	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 7120 Old Santa Fe Trl Fort Worth TX 76131		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law office of Sal Espino
Date 04-06-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelica Garcia	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1515 Grand Ave Fort Worth TX 76164		
Principal occupation / Job title (See Instructions) Clinical Technician - Pharmacy		Employer (See Instructions) Cook Children's Medical center

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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 <i>Aaron Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04-06-2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Poole</i>	7 Amount of contribution (\$) <i>2000.00</i>
6 Contributor address; City; State; Zip Code <i>3611 W 5th St Fort Worth TX 76107</i>		
8 Principal occupation / Job title (See Instructions) <i>Executive Director</i>		9 Employer (See Instructions) <i>UEA</i>
Date <i>04-06-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pedro Munoz</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 10652 Fort Worth TX 76114</i>		
Principal occupation / Job title (See Instructions) <i>Constable</i>		Employer (See Instructions) <i>Tarrant County</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	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			

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1 Total pages Schedule F1:	2 FILER NAME <i>Aaron Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/26/22 - 04/06/22</i>	5 Payee name <i>Anedot</i>	
6 Amount (\$) <i>\$121.45</i>	7 Payee address; City; State; Zip Code <i>1340 Poydras St Suite 1770 New Orleans LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Donation Transaction Fees</i>
	(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 <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	
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 <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	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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