

# 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<br/><u>ms.</u><br/>NICKNAME</div> <div>FIRST<br/><u>Linda</u><br/>LAST</div> <div>MI<br/><u>Ejarza</u><br/>SUFFIX</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="border: 2px solid blue; padding: 10px; color: blue; font-weight: bold;"> RECEIVED<br/>OFFICE USE ONLY<br/>San Benito C.I.S.D.<br/>APR 23 2026<br/>BUSINESS OFFICE<br/>FINANCE &amp; OPERATIONS </div> |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | [REDACTED] EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |                      |
| 6 CAMPAIGN TREASURER NAME                                      | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><u>ms.</u><br/>NICKNAME</div> <div>FIRST<br/><u>Linda</u><br/>LAST</div> <div>MI<br/><u>Ejarza</u><br/>SUFFIX</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date Received<br>Date Hand-delivered or Date Postmarked<br>Receipt #      Amount \$<br>Date Processed<br>Date Imaged                                                                                              |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)        | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #</div> <div>CITY</div> <div>STATE</div> <div>ZIP CODE</div> </div> <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                   |                      |
| 8 CAMPAIGN TREASURER PHONE                                     | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   |                      |
| 9 REPORT TYPE                                                  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input 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<br/><u>04</u> / <u>01</u> / <u>2020</u></div> <div>THROUGH</div> <div>Month      Day      Year<br/><u>04</u> / <u>23</u> / <u>2020</u></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   |                      |
| 11 ELECTION                                                    | <div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE<br/>Month      Day      Year<br/><u>05</u> / <u>02</u> / <u>2020</u></div> <div>ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                   |                      |
| 12 OFFICE                                                      | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13 OFFICE SOUGHT (if known) <u>San Benito CISD School Board Place 6</u>                                                                                                                                           |                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                          | <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small;">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> <div style="display: flex; justify-content: space-between;"> <div>COMMITTEE TYPE<br/><input type="checkbox"/> GENERAL<br/><input type="checkbox"/> SPECIFIC</div> <div>COMMITTEE NAME<br/><u>Linda Ejarza</u><br/>[REDACTED]<br/>COMMITTEE CAMPAIGN TREASURER NAME<br/><u>Linda Ejarza</u><br/>COMMITTEE CAMPAIGN TREASURER ADDRESS<br/>[REDACTED]</div> </div> </div> |                                                                                                                                                                                                                   |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

\$

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.

*Linda Lanza*

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

M

M

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_

*Linda Lanza* (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME                             |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 | \$                                     |

# 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.

|                                                                                                          |                                                                                                                                                                      |  |                                              |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| <b>1</b> Total pages Schedule G:                                                                         | <b>2</b> FILER NAME<br><i>Linda Garza</i>                                                                                                                            |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                                                                                            | <b>5</b> Payee name                                                                                                                                                  |  |                                              |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code                                                                                                                        |  |                                              |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                                                | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                                                                              |  | <b>(b)</b> Description                       |
|                                                                                                          | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |                                                                                                                                                                      |  |                                              |
| Candidate / Officeholder name Office sought Office held                                                  |                                                                                                                                                                      |  |                                              |
| Date                                                                                                     | Payee name                                                                                                                                                           |  |                                              |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                                                                                                                                 |  |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                            | 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 (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                                                                                                                                 |  |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                            | 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 (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                                                                                                                                 |  |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                            | 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                                                  |                                                                                                                                                                      |  |                                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED