

# 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      MI<br><div style="text-align: center; font-size: 1.2em;">Margarita</div> <hr/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Garcia</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div> |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><div style="font-size: 1.2em;">118 N. Standard Ave. San Juan TX 78589</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                             | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em;">(956) 821-7995</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 6 CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;">Ana Paola</div> <hr/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Garcia</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>                                                                                                                                                                                          |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><div style="font-size: 1.2em;">118 N. Standard San Juan, TX 78589</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 8 CAMPAIGN TREASURER PHONE                                                                   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em;">(956) 878-2716</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 checked="" 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/> <div style="font-size: 1.2em;">8 / 14 / 2026</div> </div> <div>THROUGH</div> <div>             Month      Day      Year<br/> <div style="font-size: 1.2em;">10 / 02 / 2026</div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 11 ELECTION                                                                                  | <div style="display: flex; justify-content: space-between;"> <div>             ELECTION DATE<br/>             Month      Day      Year<br/> <div style="font-size: 1.2em;">11 / 03 / 2026</div> </div> <div>             ELECTION TYPE<br/> <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special           </div> </div>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 12 OFFICE                                                                                    | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13 OFFICE SOUGHT (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
|                                                                                              | South Texas ISD Trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | South Texas ISD Trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                         |                                                                                                                                       |                                        |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><i>Margarita Garcia</i> |                                                                                                                                       | 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) | \$ <i>0-</i>                           |
|                                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <i>2,500<sup>00</sup></i>           |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ <i>0-</i>                           |
|                                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <i>2,500<sup>00</sup></i>           |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <i>0-</i>                           |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ <i>0-</i>                           |

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 \_\_\_\_\_, 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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                                                                                             |             |
|-----|-------------------------------------------------------------------------------------------------------------|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2,500.00 |
| 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   | \$ 2,500.00 |
| 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<br><i>Margarita Garcia</i>                                                                                                                                          |                                                                                                              | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><i>8-20-2026</i>                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Future Texas Pac</i> | 7 Amount of contribution (\$)<br><i>\$1,500.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>1317 Orange Blossom Westcott TX 76156</i>                                                                                     |                                                                                                              |                                                    |
| 8 Principal occupation / Job title (See Instructions)<br><i>Business Owner</i>                                                                                                   |                                                                                                              | 9 Employer (See Instructions)                      |
| Date<br><i>9-10-2028</i>                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Pete Garcia</i>        | Amount of contribution (\$)<br><i>\$1,000.00</i>   |
| Contributor address; City; State; Zip Code<br><i>118 N. Standard San Juan, TX 78589</i>                                                                                          |                                                                                                              |                                                    |
| Principal occupation / Job title (See Instructions)<br><i>Consultant</i>                                                                                                         |                                                                                                              | 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)                        |
| 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)                        |
|                                                                                                                                                                                  |                                                                                                              |                                                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |                                                                                                              |                                                    |

# 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<br><i>Margarita Garcia</i>                                                                                                                   |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><i>8-28-2026</i>                            |                                                                                                 | 5 Payee name<br><i>Brand Boosters</i>                                                                                                                     |                                                                           |                                       |  |
| 6 Amount (\$)<br><i>1,340.00</i>                      |                                                                                                 | 7 Payee address; City: State: Zip Code<br><i>301 N. McColl Rd. McAllen Tx. 78501</i><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br><i>Signs</i>                |                                                                                                                                                           | (b) Description                                                           |                                       |  |
|                                                       | (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 ONLY if direct expenditure to benefit C/OH |                                                                                                 | Candidate / Officeholder name                                                                                                                             |                                                                           | Office sought Office held             |  |
| Date<br><i>9-13-2026</i>                              |                                                                                                 | Payee name<br><i>D-Sign.</i>                                                                                                                              |                                                                           |                                       |  |
| Amount (\$)<br><i>160.00</i>                          |                                                                                                 | Payee address; City: State: Zip Code<br><i>508 S. 12th. McAllen Tx. 78501</i><br><input type="checkbox"/> Check if individual's residence address.        |                                                                           |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><i>Pol. Card. printing exp.</i> |                                                                                                                                                           | Description                                                               |                                       |  |
|                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |                                                                                                                                                           | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                 | Candidate / Officeholder name                                                                                                                             |                                                                           | Office sought Office held             |  |
| Date<br><i>9-17-2026</i>                              |                                                                                                 | Payee name<br><i>Brand Boosters</i>                                                                                                                       |                                                                           |                                       |  |
| Amount (\$)<br><i>1,000.00</i>                        |                                                                                                 | Payee address; City: State: Zip Code<br><i>301 N. McColl Rd. McAllen Tx. 78501</i><br><input type="checkbox"/> Check if individual's residence address.   |                                                                           |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><i>Signs</i>                    |                                                                                                                                                           | Description                                                               |                                       |  |
|                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |                                                                                                                                                           | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                 | Candidate / Officeholder name                                                                                                                             |                                                                           | Office sought Office held             |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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:             |  |
| 2 FILER NAME                                                            |  |                                                                                                                               |                                                                                                              | 3 Filer ID (Ethics Commission Filers) |  |
| 4 TOTAL OF UNITEMIZED LOANS                                             |  |                                                                                                                               |                                                                                                              | \$                                    |  |
| 5 Date of loan                                                          |  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                                      |                                                                                                              | 9 Loan Amount (\$)                    |  |
| 6 Is lender a financial Institution?<br><br>Y    N                      |  | 8 Lender address;                      City;                      State;    Zip Code                                          |                                                                                                              | 10 Interest rate                      |  |
|                                                                         |  |                                                                                                                               |                                                                                                              | 11 Maturity date                      |  |
| 12 Principal occupation / Job title (See Instructions)                  |  |                                                                                                                               | 13 Employer (See Instructions)                                                                               |                                       |  |
| 14 Description of Collateral<br><br><input type="checkbox"/> none       |  |                                                                                                                               | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |                                       |  |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable |  | 17 Name of guarantor<br><br>.....<br>18 Guarantor address;                      City;                      State;    Zip Code |                                                                                                              | 19 Amount Guaranteed (\$)             |  |
| 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?<br><br>Y    N                        |  | Lender address;                      City;                      State;    Zip Code                                            |                                                                                                              | Interest rate                         |  |
|                                                                         |  |                                                                                                                               |                                                                                                              | Maturity date                         |  |
| Principal occupation / Job title (See Instructions)                     |  |                                                                                                                               | Employer (See Instructions)                                                                                  |                                       |  |
| Description of Collateral<br><br><input type="checkbox"/> none          |  |                                                                                                                               | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |                                       |  |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    |  | Name of guarantor<br><br>.....<br>Guarantor address;                      City;                      State;    Zip Code       |                                                                                                              | Amount Guaranteed (\$)                |  |
| Principal Occupation (See Instructions)                                 |  |                                                                                                                               | Employer (See Instructions)                                                                                  |                                       |  |

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

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.