CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS.	Viuna	MI	OFFICE USE ONLY
NAME	NICKNAME Vec !!	GUZG	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE; ZIP CODE	Hays Co. Elections
MAILING ADDRESS	winder	kreck Dr. 1ey iTX, 78	1674	JUL 18 2023
Change of Address				RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	(808) 3	19-0214	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	Emily	SUFFIX	Date Processed
	NICKNAME	Pettit*		Date Imaged
7 CAMPAIGN		(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS	9 Deert	rield Aptie	s, win berley,	TX,78676
(Residence or Business)		•	7	, , ,
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	01216	e05 -9666		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ek	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 3 / 3 3	THROUGH DY	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year	Runoff Other Description	
	13/05/	General	Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known	" Hays Country tir
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES MES MAY HAVE BEEN MADE WITHOUT THE CAND	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

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	o complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	a L. Parza			3 Filer ID (Ethics Commission Filers)
1/3/33	Villing Gara 6 Contributor address; B WORLVUK Drive	out-of-state PAC (II City;	State; Zip Code	7 Amount of contribution (\$)
WOULT	pation / Job title (See Instructions) The Supervisor	Ψ9	Employer (See Instruction COM	ty Toxoffice
Date	Full name of contributor	out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;		State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	hna L Garra	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL 	FLOANS, OR \$
	2. , TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	STURE.
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. • TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	NTAINED AS OF THE LAST DAY \$ 9 23
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE
(1) Affidavit	Please complete eith	Signature of Candidate or Officeholder her option below:
NOTARY STAMP/SEA Sworn to and subscribed		this the day of,
	which, witness my hand and seal of office.	33 33 33 33 33 33 33 33 33 33 33 33 33
Signature of officer administe	ring oath Printed name of officer adminis	tering oath Title of officer administering oath
	OR	
My name is Villy My address is 35 I	ng L. Gurzu	and my date of birth is 1991. Micrity (state) (zip code) (country) day of (month) (year)
	+	Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Vanna L. Garra	mmission Filers)		
21	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$9.23		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICA	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	\$		