

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 Dr. Catalina NICKNAME</div> <div>FIRST Garcia LAST</div> <div>MI E. SUFFIX</div> </div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Received</div> <div style="font-size: 2em; color: red; margin: 10px 0;">RECEIVED</div> <div style="margin: 5px 0;">1/27/24</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; margin: 5px 0;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Imaged</div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 10455 N. Central Expressway #109-314</div> <div>APT / SUITE #; Dallas TX</div> <div>CITY; TX</div> <div>STATE; 75231</div> <div>ZIP CODE</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214)</div> <div>PHONE NUMBER 725-1517</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr. Brian NICKNAME</div> <div>FIRST McGovern LAST</div> <div>MI B. SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 4364 Royal Ridge Dr.</div> <div>APT / SUITE #; Dallas TX</div> <div>CITY; TX</div> <div>STATE; 75229</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214)</div> <div>PHONE NUMBER 755-2762</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" 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 7 / 1 / 2023</div> <div>THROUGH</div> <div>Month Day Year 12 / 31 / 2023</div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 4 / 2024 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) Trustee District 1, Dallas College</div> <div>OFFICE SOUGHT (if known) Trustee District 1, Dallas College</div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	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

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)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,755.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,174.85
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	\$ 11,000.00

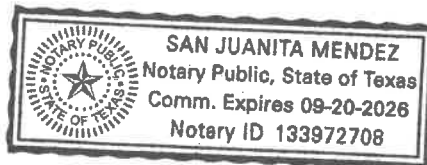
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Catalina Mendez

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Catalina Esperanza Garcia this the 17 day of January

20 24 to certify which, witness my hand and seal of office.

S. Mendez
Signature of officer administering oath

San Juanita Mendez
Printed name of officer administering oath

notary public
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)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

p 103

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Catalina E Garcia MD	3 Filer ID (Ethics Commission Filers)
4 Date VARIOUS + monthly	5 Payee name Trust Bank Charges	
6 Amount (\$) 24.00	7 Payee address: 11800 Preston Pk Dallas TX 75230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Monthly Bank Charges
	(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 Catalina E Garcia MD Trustee Dist 1 Office sought Trustee Dist 1 Office held Trustee Dist 1	
Date 11.13.23	Payee name Beyond the Slogan	
Amount (\$) 1,194.65	Payee address: 2710 South Creek #420 Richardson TX 75082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Services	Description Texting campaign announcement
	<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 11.2.23	Payee name Greek Isles	
Amount (\$) 1,194.65	Payee address: 5934 Royal Ln Dallas TX 75230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Announce Campaign to Run
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

pg 2 of 2

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	2 FILER NAME Catalina E Garcia MD	3 Filer ID (Ethics Commission Filers)
4 Date 12.28.23	5 Payee name Web Experts Marketing	
6 Amount (\$) 493.99	7 Payee address; City; State; Zip Code contract Manny Padron 1.786.867-4489 contact@webexpertsmarketing.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Set up + maintain website for six months
	(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 11.13.23	Payee name Staples		
Amount (\$) 15.14	Payee address; City; State; Zip Code 11700 Proston Rd Dallas TX 75230		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office supply.	Description File Folder	
	(c) <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 10.31.23	Payee name Office Depot/office Max		
Amount (\$) 27.07	Payee address; City; State; Zip Code No Central Forest Lane Dallas TX 75243		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supply	Description Labels	
	(c) <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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

p 2 of 2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Catalina E. Garcia, MD

3 Filer ID (Ethics Commission Filers)

4 Date

11.2.23

5 Full name of contributor

☐ out-of-state PAC (ID#:

Eric Bassett

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

9534 Windy Knoll
Dallas TX 75243

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

11.2.23

Full name of contributor

☐ out-of-state PAC (ID#:

Ricardo Menchaca

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

612 San Juan
Ct Irving TX 75062

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

6.26.23

Full name of contributor

☐ out-of-state PAC (ID#:

Becca Bower

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3443 Mahanna
#2104 Dallas TX 75209

Principal occupation / Job title (See Instructions)

self employed-dresser

Employer (See Instructions)

SELF

Date

12.1.23

Full name of contributor

☐ out-of-state PAC (ID#:

Kelly Drabalos

Amount of contribution (\$)

47.37

Contributor address;

City;

State;

Zip Code

kelly.drabalos@gmail.com

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

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.

pp 10 & 3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Catalina E Garcia, M.D.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11.2.23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alexi Martinez</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>Wooded Gate Dr. Dallas TX 75230</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>11.2.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Miles</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>W. Lovers Ln Dallas TX 75209</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11.2.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian McGovern</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>Royal Ridge Dr. Dallas TX 75229</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>11.2.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carla Young</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>10 Wooded Gate Dr Dallas TX 75230</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>Catalina E Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.29.23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Pineda</i>	7 Amount of contribution (\$) <i>95.05</i>
6 Contributor address; City; State; Zip Code <i>8340 Manserville Ln #826 Dallas TX 75231</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>11.3.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cecilia McKay</i>	Amount of contribution (\$) <i>190.40</i>
Contributor address; City; State; Zip Code <i>14916 Harenshin Pl Dallas TX 75254</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>10.29.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol Donovan</i>	Amount of contribution (\$) <i>1387.69</i>
Contributor address; City; State; Zip Code <i>6509 Malcolm Dr Dallas TX 75214</i>		
Principal occupation / Job title (See Instructions) <i>mediation attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>10.31.23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Nico Lemus</i>	Amount of contribution (\$) <i>95.05</i>
Contributor address; City; State; Zip Code <i>7001 Kingskellow Dr Dallas TX 75248</i>		
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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

Catalina E Garcia MD

3 Filer ID (Ethics Commission Filers)

4 Date

10-29-23

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jesse Martin

7 Amount of contribution (\$)

45.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Tax Manager

9 Employer (See Instructions)

Thomson Reuters

Date

10-29-23

Full name of contributor

☐ out-of-state PAC (ID#:

Ronald Steinhardt

Amount of contribution (\$)

493.00

Contributor address;

City;

State;

Zip Code

25 Robledo Dr
Dallas TX 75230

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Date

10-29

11-29

10-29

Full name of contributor

☐ out-of-state PAC (ID#:

Kelly Drablos

Amount of contribution (\$)

141.75

Contributor address;

City;

State;

Zip Code

2020 Maple Springs
Dallas TX 75235

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Date

11-3-23

Full name of contributor

☐ out-of-state PAC (ID#:

Catalina E Garcia MD

Amount of contribution (\$)

3.00

Contributor address;

City;

State;

Zip Code

10415 N. Central
#109-314 Dallas TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	\$ 3,755.34
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 11,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2174.85
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <i>2 + included in schedule F</i>	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0