

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

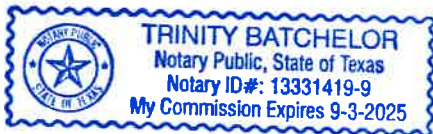
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,325. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,828. ¹⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,769. ⁹³
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Wally Garza this the 5th day of February, 2024 to certify which, witness my hand and seal of office.

Trinity Batchelor Trinity Batchelor Notary
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. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4,325. ⁰⁰
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		\$ 2,828. ⁷⁹
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
2 FILER NAME Wally Garza		3 Filer ID (Ethics Commission Filers)
4 Date 1-18-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Snell	7 Amount of contribution (\$) \$2,500.⁰⁰
6 Contributor address; City; State; Zip Code 3108 CR W ACKERY TX 79713		
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) NA
Date 1-19-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginger Witte	Amount of contribution (\$) \$125.⁰⁰
Contributor address; City; State; Zip Code PO Box 1028 LAMASA TX 79331		
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) TDCJ - Smith Unit
Date 1-24-24	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Rhodes	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 711 ORCHARD CT ALSOQUIN IL 60102		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN
Date 1-24-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Stephens	Amount of contribution (\$) \$1,000.⁰⁰
Contributor address; City; State; Zip Code P.O. Box 500 LAMASA TX 79331		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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
2 FILER NAME Wally Garza		3 Filer ID (Ethics Commission Filers)
4 Date 1-29-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert Arredondo	7 Amount of contribution (\$) \$ 500.⁰⁰
6 Contributor address; City; State; Zip Code 5402 CR 1440 Lubbock TX 79407		
8 Principal occupation / Job title (See Instructions) Retired / Self-Employed		9 Employer (See Instructions) Self-Employed
Date 2-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray Beato Auto	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 1504 S. Ave L LAMESA TX 79331		
Principal occupation / Job title (See Instructions) OWNER - Auto Sales		Employer (See Instructions) Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>Wally Garza</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-22-24</i>	5 Payee name <i>LAMESA Press Reporter</i>	
6 Amount (\$) <i>\$ 138.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>523 N. 157 St LAMESA TX 79331</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>Newspaper AD</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Wally Garza</i>	Office sought <i>Dawson Co Sheriff</i>
Date <i>1-29-24</i>	Payee name <i>DAL PASO MUSEUM</i>	
Amount (\$) <i>\$ 150.⁰⁰</i>	Payee address; City; State; Zip Code <i>308 S. 157 St LAMESA TX 79331</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>MEET @ Green LOCATION EVENT EXPENSE</i>
	<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 <i>Wally Garza</i>	Office sought <i>Dawson Co Sheriff</i>
Date <i>1-26-24</i>	Payee name <i>Elite Sign & Design</i>	
Amount (\$) <i>64.95</i>	Payee address; City; State; Zip Code <i>5181 69th St Lubbock TX 79424</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>BUSINESS CARDS</i>
	<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 <i>Wally Garza</i>	Office sought <i>Dawson Co Sheriff</i>

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.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 2</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-29-24</i>	5 Payee name <i>David Baum - Billboards</i>
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6 Amount (\$) <i>\$1,800.⁰⁰</i>	7 Payee address; <i>PO Box 321 Canyon TX 79015</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>(2) 10' x 20' Billboard ADS ON US 87 (North/South)</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Wally Gatzka</i>	Office sought <i>Dawson Co Sheriff</i>	Office held
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Date <i>2-2-24</i>	Payee name <i>Signs on the Go</i>
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Amount (\$) <i>\$237.⁸⁴</i>	Payee address; <i>304 CR 7200 Lubbock TX 79404</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>COPIPLAST SIGNS</i>
	<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 <i>Wally Gatzka</i>	Office sought <i>Dawson Co Sheriff</i>	Office held
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Date <i>2-3-24</i>	Payee name <i>April Martinez Catering</i>
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Amount (\$) <i>\$438.⁰⁰</i>	Payee address; <i>1407 N. 10th St Camera TX 79331</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage exp.</i>	Description <i>CATERED MEET & GREET</i>
	<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 <i>Wally Gatzka</i>	Office sought <i>Dawson Co Sheriff</i>	Office held
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