

EDELMIRO

GARCIA

**8 Days Before
Election**

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: **14**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Edelmiro MI: MI <hr/> NICKNAME: Eddie LAST: Garcia SUFFIX:	OFFICE USE ONLY DEPARTMENT OF ELECTIONS & CAMPAIGN REGISTRATION Date Received: MAY 22 2024 10:32 am RECEIVED Date Hand-delivered or Date Postmarked: Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3459 Chardonay Dr. Brownsville, TX 78526	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 956-407-9782 EXTENSION:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Ricardo MI: MI <hr/> NICKNAME: Rick LAST: Canales SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 845 E. Harrison Suite B Brownsville, TX 78521	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 546-7766 EXTENSION:	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 25 / 24 5 / 20 / 24	
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: Primary <input checked="" type="checkbox"/> Runoff Other Description 5 / 28 / 24 General Special	
12 OFFICE	OFFICE HELD (if any) BISD Trustee Plice 7	OFFICE SOUGHT (if known) Cameron County Tax Assesor-Collector
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</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.	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS 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 Edelmiro "Eddie" Garcia		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)	\$ 5,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,302.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,345.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,000.00

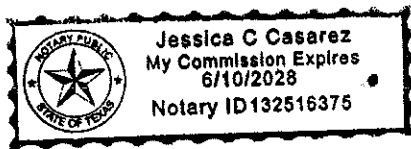
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Edelmiro Moreno Garcia this the 22 day of May, 2024, to certify which, witness my hand and seal of office.

Jessica Casarez Signature of officer administering oath Jessica Casarez Printed name of officer administering oath Texas State Notary 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 Edelmiro "Eddie" Garcia		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,800.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,302.16
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. 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 FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 3
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Lowry Family Holdings 6 Contributor address; City; State; Zip Code P.O. Box 3419 Harlingen, TX 7855	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 03/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Bea Esparza Contributor address; City; State; Zip Code 4242 Old Pl Brownsville, TX 78526	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Green Law Firm Contributor address; City; State; Zip Code 34 S Coria Brownsville, TX 78520	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) purdue, Brandon, Fielder, Collins. & Mott Contributor address; City; State; Zip Code 1235 N Loop W, Ste600 Houston, TX 77008	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Consultant		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Bailey 6 Contributor address; City; State; Zip Code 611 E 21st Street Houston, TX 77008	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Robert East Contributor address; City; State; Zip Code 7122 Dewberry Shores Ln Humble, TX 77396	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Debbie Barlow Contributor address; City; State; Zip Code 5201 Huisache Bellaire, TX 77401	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Corina C Gtz Contributor address; City; State; Zip Code 701 N Bentsen McAllen, TX 78501	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Andrus 6 Contributor address; City; State; Zip Code 144 Cool Rock Boerne, TX 78006	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Raul Viada Contributor address; City; State; Zip Code 265 Calle Jacaranda Bownsville, TX 78520	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Pronto Bail Bonds Contributor address; City; State; Zip Code 554 E Jackson St Brownsville, TX 78520	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Educator		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.

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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2024	5 Payee name Fiesta Graphics	
6 Amount (\$) 1,066.22	7 Payee address; 205 Paredes line Rd	City; State; Zip Code Brownsville, TX 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Plains Capital Bank	
Amount (\$) 10.00	Payee address; PO Box 271	City; State; Zip Code Lubbock, TX 79408
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Bank Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Harbor Freight	
Amount (\$) 31.33	Payee address; 1601 Price Rd	City; State; Zip Code Brownsville TX 78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2024	5 Payee name Lowes	
6 Amount (\$) 41.68	7 Payee address; City; State; Zip Code 4705 N Expy Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Wood
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Fiesta Graphics	
Amount (\$) 81.18	Payee address; City; State; Zip Code 205 Paredes Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/05/2024	Payee name Sams Club	
Amount (\$) 108.23	Payee address; City; State; Zip Code Brownsville TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Pop Up Tent
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2024	5 Payee name La Botana	
6 Amount (\$) 287.87	7 Payee address; City; State; Zip Code 4495 Paredes Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meals
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/20/2024	Payee name Fiesta Graphics	
Amount (\$) 1,149.61	Payee address; City; State; Zip Code 205 Paredes Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. 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 03/25/2024	Payee name Walmart	
Amount (\$) 146.07	Payee address; City; State; Zip Code 2205 Ruben Torres Brownsville TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Easter Event	Description Prizes
	Check if travel outside of Texas. Complete Schedule T. 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

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	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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 03/31/2024	5 Payee name Plains Capital Bank
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6 Amount (\$) 10.00	7 Payee address; PO Box 271	City; Lubbock, TX	State; TX	Zip Code 79408
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bank Fees	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/01/2024	Payee name Fiesta Graphics
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Amount (\$) 446.53	Payee address; 205 Paredes	City; Brownsville, TX	State; TX	Zip Code 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/2024	Payee name Simply Signs
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Amount (\$) 310.39	Payee address; 1005 Grey Fox	City; Brownsville	State; TX	Zip Code 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Push Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 04/09/2024	5 Payee name Chest Pound Printing
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6 Amount (\$) 156.00	7 Payee address; 3009 Monte Cristo	City; Brownsville,	State; TX	Zip Code 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description T-Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/09/2024	Payee name Facebook
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Amount (\$) 25.00	Payee address; Menlo Park, CA	City; Menlo Park,	State; CA	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/17/2024	Payee name Harbor Freight
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Amount (\$) 131.33	Payee address; 1601 Price Rd	City; Brownsville	State; TX	Zip Code 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 04/23/2024		5 Payee name Facebook			
6 Amount (\$) 3.71		7 Payee address; City; State; Zip Code Menlo Park, CA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/30/2024		Candidate / Officeholder name Plains Capital Bank			
Amount (\$) 10.00		Office sought Office held			
Date 04/30/2024		Payee name Plains Capital Bank			
Amount (\$) 10.00		Payee address; City; State; Zip Code PO Box 271 Lubbock, TX 79408			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Fees		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/07/2024		Candidate / Officeholder name Fiesta Graphics			
Amount (\$) 581.84		Office sought Office held			
Date 05/07/2024		Payee name Fiesta Graphics			
Amount (\$) 581.84		Payee address; City; State; Zip Code 205 Paredes Brownsville TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs & Stickers		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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	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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 05/20/2024	5 Payee name Harbor Freight	
6 Amount (\$) 81.94	7 Payee address; City; State; Zip Code 215 N EdCarey Dr Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Tape, Gloves, Tools
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/20/2024	Payee name Stapples	
Amount (\$) 88.74	Payee address; City; State; Zip Code 2436 Pablo Keisel Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Toner / Paper
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Longhorn Cattle	
Amount (\$) 230.00	Payee address; City; State; Zip Code San Benito TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Meals
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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 | 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: 8	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 05/20/2024	5 Payee name Chilis	
6 Amount (\$) 304.49	7 Payee address; City; State; Zip Code 2750N Expressway Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Meals
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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 (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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