EDELMIRO GARCIA

SEMI-ANNUAL REPORT JULY 15, 2024

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) 11 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE / **OFFICEHOLDER** Edelmiro Mr Date Received NAME SUFFIX LAST NICKNAME DEPARTMENT OF ELECTION Garcia Eddie VOTER REDISTRATION ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: CANDIDATE / 78526 **OFFICEHOLDER** Brownsville, TX 3459 Chardonay Dr. JUL 15 2024 MAILING ADDRESS Change of Address **EXTENSION** AREA CODE PHONE NUMBER 5 CANDIDATE/ **OFFICEHOLDER** (956 956-407-9782 PHONE Amount \$ Receipt # Μŧ FIRST MS / MRS / MR CAMPAIGN TREASURER Ricardo Mr Date Processed NAME SUFFIX LAST NICKNAME Date imaged Canales Rick ZIP CODE STATE: CITY: STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TX 78521 Brownsville, TREASURER Suite B 845 E. Harrison **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE CAMPAIGN TREASURER PHONE 546-7766 956 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year 10 PERIOD Month Dav Year COVERED 30 20 24 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Other Primary Rupoff Year Month Day Description Super Tuesday Special ■ General 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) 12 OFFICE Cameron County Tax Asssesor-Collector BISD Trustee Pice 7 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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" Gard	ia	16 Filer ID (Eth	ics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	2,869.22
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	·
	4. TOTAL POLITICAL EXPENDITURES	\$	3,474.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	3,870.89
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	12,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct ar	nd includes all information
	Signature of Ca	andidate or Office	eholder
	Please complete either option belov	w:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
		day	of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	•	Title o	f officer administering oath
(2) Unsworn Declarati	on .	(1-10)	
My name is Edelmiro	"Eddie" Garcia, and my date of birth is	s ASugust 2	22, 1064
My address is 3459 Chai	donay Drive, Brownsville, TX 78526 USA	(etato) /zin co	ode) (country)
Executed in Cameron	(street) (city) County, State of Texas , on the 15 day of July (mont	(state) (zip co , 20 th)	
	Signature of Cand	lidate/Officeholde	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	sion Filers)
	SUBTOTAL AMOUNT
\$	2,000.00
\$	2,869.22
\$	
\$	12,000.00
BUTIONS \$	3,474.40
\$	
TRIBUTIONS \$	
\$	
\$	
INESS OF C/OH \$	
IBUTIONS \$	
-	TRIBUTIONS \$ \$ \$ SINESS OF C/OH \$

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: 1
2 FILER NAME Edelmiro	"Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Henry Osher	7 Amount of contribution (\$)
05/21/2024	6 Contributor address; City; State; Zip Code P.O. Box 6309 Brownsville, TX 78523	500.00
8 Principal occu Realtor	pation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/28/2024	John Sherold Contributor address; City; State; Zip Code 1805 Ruben Torres Blvd. Brownsville, TX 78521	500.00
Principal occup Attoeney	pation / Job title (See Instructions) Employer (See Instructions) Self Employed	tions)
Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:) Roger Garza Contributor address; City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occu Consultant	424 Yucca McAllen, TX 78505 pation / Job title (See Instructions) Employer (See Instructions) Self Employed	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/30/2024	Jonathan Sakulenski Contributor address; City; State; Zlp Code McAllen, TX 78505	500.00
Principal occu Consultant	pation / Job title (See Instructions) Employer (See Instructions) Self Employed	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

•	•				
TI	ne Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2: 1	
² FILER NAM Edelmiro	[₌] "Eddie" Garcia		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1,669.2	22	
5 Date 6 Full name of contributor out-of-state PAC (ID#:) Rudy Perez			8 Amount of Contribution \$ 1,669.22	g In-kind contribution description Trailer Banners	
05/11/2024	7 Contributor address; City; State; PO Box 53 Brownsville, TX	Zip Gode X 78526	,	 de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Date	te Full name of contributor □ out-of-state PAC (ID#:) Tony Flores		Amount of Contribution \$	In-kind contribution description Watch Party Food	
05/28/2024	Contributor address; City; State;	Zip Code	1,200.00	i vvacci i arty i ood	
	740 Toledo Brownsville, TX 785	526	Check if travel outside of Texas. Complete Schedule 1		
Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)			IAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spot	use (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port,
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Edelmiro "Ed	die" Garcia		
	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
05/03/2023	Edelmiro "Eddie" Garcia		12,000.00
6 Is lender a financial Institution?	8 Lender address; City; 3459 Chardonay Dr. Browns\	State; Zip Code /ille TX 78526	10 Interest rate
YIN	·		11 Maturity date
12 Principal occupation Retired	on / Job title (See Instructions)	13 Employer (See Instructions) Retired	
14 Description of Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political . tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable		•	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?		•	Maturity date
Principal occupation) on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT incl u	ide this page in the re	port.
	EXPENDITURE CATEGOR		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense Illing Expense nting Expense aries/Wages/Contract Labor www.to.complete.this.form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/21/2024	Scale To Win		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
262.26	13742 Harper St.		Ana, CA, 92703
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising		
	(c) Check if travel outside of Texas, Complete Schedu	lle T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/23/2024	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
25.00	1 Hacker Way	Mer	nlo Park, CA 94205
	Category (See Categories listed at the top of this schedu	*	
PURPOSE OF EXPENDITURE	Advertising	Boost	
	Check if travel outside of Texas. Complete Schedu	JeT. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/24/2024	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
25.00	acker Way	Menlo I	Park, CA 94205
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Advertising	Boost	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to a	Vages/Contract Labor complete this form.	Other (enter a categor	ory not listed above)
Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
4 Date 05/24/2024	5 Payee name Alexis Lerma			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	1724 Boca Chica	Brownsv	/ille, Tx	78521
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Video		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Occupiete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/28/2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
28.00	1 Hacker Way	Menlo Park, CA 94205		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Boost		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/28/2024	Chilis			
Amount (\$)	Payee address;	City;	State;	Zip Code
101.50	2750 N Expressway	Brownsville, TX 78526		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Boost		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder Ilvir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement **Event Expense** Food/Beverage Expense Polling Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Advertising Expense

Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Edelmiro "Eddie" Garcia 5 5 Payee name 4 Date Higher Power In Hite 05/28/2024 City; State; Zip Code 6 Amount (\$) 7 Payee address; 78521 Brownsville, Tx 1642 E Price 250.00 (b) Description (a) Category (See Categories listed at the top of this schedule) Ad Advertising PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Chest Pound Screen and Printing 05/30/2024 Zip Code State; City; Amount (\$) Payee address; Brownsville, TX 78526 3009 Monte Cristo 292.28 Description Category (See Categories listed at the top of this schedule) t-Shirts Advertising PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 05/30/2024 Scale To Win State: Zip Code Amount (\$) Payee address; 13742 Harper St. Santa Ana, CA 92703 1,093.07 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising EXPENDITURE Check if Austin, TX, officeholder living expense

Office held

Complete ONLY if direct expenditure to benefit C/OH Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5	2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 05/30/2024	5 Payee name Simply Signs		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
350.00	1005 Grey Fox Circle	Browns	ville, TX 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Push Cards	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/03/2024	Fiesta Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
270.62	205 Paredes Ln	Browns	ville, TX 78521
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	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	Payee name		
06/04/2024	Hanna Tennis Team		
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	2615 E Price RD.	Browns	sville, TX 78521
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	AD	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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/Denations M

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed abo	ove)
1 Total pages Schedule F1: 5	2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission	Filers)
4 Date 06/04/2024	5 Payee name Lotus			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	€
97.00	905 N Expwy	Brow	nsville, TX 78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food/Beverage	Meals		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/24/2024	Facebook			
Amount (\$)	Payee address;	City;	State; Zip Code	9
29.67	Hacker Way	Menlo Park, CA 94205		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Boost		
OF EXPENDITURE	_			-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	e
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	1
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	