

EDELMIRO GARCIA

30 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: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
11 ELECTION	ELECTION DATE	ELECTION TYPE	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

OCT 08 2024

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

12:48 pm

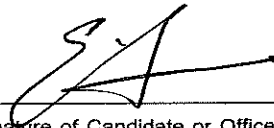
GO TO PAGE 2

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)	\$ 1,100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,337.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,928.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,279.71
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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

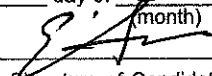
OR

(2) Unsworn Declaration

My name is Edelmiro "Eddie" Garcia, and my date of birth is 8-22-64.

My address is 3459 Chardoney Dr, Brownsville TX 78526 US.
(street) (city) (state) (zip code) (country)

Executed in Cameron County, State of Texas, on the 8 day of October, 2027.
(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	\$ 17,337.48
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,928.76
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: 6
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 07/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Tim Ramirez 6 Contributor address; City; State; Zip Code 35 Arien Ct Brownsville, TX 78521	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Jaime Estrada Contributor address; City; State; Zip Code 34483 Island Estates San Benito, TX 78586	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 07/08/2024	Full name of contributor out-of-state PAC (ID#: _____) John Cowen Contributor address; City; State; Zip Code 4945 Lakeway Brownsville, TX 78520	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 07/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Corina Gutierrez Contributor address; City; State; Zip Code 701 N Bentsen RD McAllen, TX 78501	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: 6
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Walmart 6 Contributor address; City; State; Zip Code 702 Sw 8th St, Bentonville, Arkansas, 72716-6209	7 Amount of contribution (\$) 122.76
8 Principal occupation / Job title (See Instructions) Credit/Refund		9 Employer (See Instructions)
Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Perdue Contributor address; City; State; Zip Code 1235 N Loop W Suite600 Houston, TX 77008	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perdue Law Firm
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Limas Law Firm Contributor address; City; State; Zip Code 1728 Boca Chica Brownsville, TX 78520	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Juan Mendez Contributor address; City; State; Zip Code 611 W Levee Brownsville, TX 78520	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
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.

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2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jaime Estrada 6 Contributor address; City; State; Zip Code 34483 Island Estates San Benito, TX 78586	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Jonathan Sakulenzki Contributor address; City; State; Zip Code McAllen, TX 78586	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Ins. Consultant		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) JRs Bail Bonds Contributor address; City; State; Zip Code 27520 Prudencia Brownsville, TX 78520	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Bondsman		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Chula Vista Contributor address; City; State; Zip Code 70123 Old PI Brownsville, TX 78521	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Builder/Contractor		Employer (See Instructions) Self
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Green Law Firm	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 34 South Coria Brownsville, TX 785820	
8 Principal occupation / Job title (See Instructions) Attorneys		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Javier Villarreal	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2401 Wildflower Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Pronto Bail Bond	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 554 E Jackson Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) Bondsman		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Eddie Trevino	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2200 Boca Chica Brownsville, TX 78521	
Principal occupation / Job title (See Instructions) Builder/Contractor		Employer (See Instructions) Self
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Mota 6 Contributor address; City; State; Zip Code 2820 Capri St. Brownsville, TX 785820	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Restaurant Owner		9 Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) George Gavito Contributor address; City; State; Zip Code 2901 Central Blvd. Brownsville, TX 78526	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Maria Andrus Contributor address; City; State; Zip Code 1339 Charlisas Way San Antonio, TX 78216	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Raul Viada Contributor address; City; State; Zip Code 265 Calle Jacaranda Brownsville, TX 78521	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Busieness Owner		Employer (See Instructions) Self
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Joe Salazar 6 Contributor address; City; State; Zip Code 611 E Loop 499 Harlingen, TX 785820	7 Amount of contribution (\$) 2,600.00
8 Principal occupation / Job title (See Instructions) Ins Agent		9 Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Linebarger Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Attorneys Law Firm		Employer (See Instructions)
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Prime Power Contributor address; City; State; Zip Code 5420 Southmost Brownsville, TX 78220	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Contract Power Services		Employer (See Instructions)
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: _____) Sams Contributor address; City; State; Zip Code 3570 Alton Gloor Brownsville, TX 78526	Amount of contribution (\$) 14.72
Principal occupation / Job title (See Instructions) Purchase Refund		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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 4	
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 425.00	
5 Date 09/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Tony	8 Amount of Contribution \$ 300.00	9 In-kind contribution description Gift Cards
7 Contributor address; City; State; Zip Code 6904 Frontage, Brownsville, TX 78526		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Restaurant		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staples	Amount of Contribution \$ 125.00	In-kind contribution description Office Chair
Contributor address; City; State; Zip Code 2436 Pablo Kisel, Brownsville, TX 78526		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Office Supplies Store		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor 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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 4	
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 200.	
5 Date 09/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chef Ricardo's	8 Amount of Contribution \$ 100.00	9 In-kind contribution description Gift Cards
7 Contributor address; City; State; Zip Code 425 E qoth Brownsville, TX 78526		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Restaurant		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taquito Express	Amount of Contribution \$ 100.00	In-kind contribution description Gift Cards
Contributor address; City; State; Zip Code 1900 N Expwyl Brownsville, TX 78521		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Restaurant		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor 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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 225.	
5 Date 09/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&V Lopez	8 Amount of Contribution \$ 75.00	9 In-kind contribution description Gift Card
7 Contributor address; City; State; Zip Code 384 Military Rd Brownsville, TX 78521		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Grocery Store		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Motas's Tacos	Amount of Contribution \$ 150.00	In-kind contribution description Gift Cards
Contributor address; City; State; Zip Code 1904 Coolidge Brownsville, TX 78521		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Restaurant		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 4	
2 FILER NAME Edelmiro "Eddie" Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 250.	
5 Date 09/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taco Palenque	8 Amount of Contribution \$ 100.00	9 In-kind contribution description Gift Cards
7 Contributor address; City; State; Zip Code 4227 N Expwy Brownsville, TX 78521		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Resturant		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Piper Pizza	Amount of Contribution \$ 150.00	In-kind contribution description Gift Cards
Contributor address; City; State; Zip Code 1644 Central Brownsville, TX 78521		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Restaurant		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 07/08/2024	5 Payee name Lowes
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6 Amount (\$) 41.65	7 Payee address; 525 E Ruben Torres	City; Brownsville,	State; TX	Zip Code 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Supplies/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
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Date 07/08/2024	Payee name Harbor Freight
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Amount (\$) 104.66	Payee address; 1601 Price Rd,	City; Brownsville,	State; TX	Zip Code 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Supplies/Tools, Bits, Straps
	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 07/19/2024	Payee name My Little Carousel
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Amount (\$) 500.00	Payee address; 2212 N 47th	City; McAllen	State; TX	Zip Code 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Non-Profit
	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

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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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 08/16/2024	5 Payee name Doubleday
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6 Amount (\$) 75.00	7 Payee address; 402 State Hwy100	City; Port Isabel	State; TX	Zip Code 78519
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Meet Event
	(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 08/16/2024	Payee name Amazon
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Amount (\$) 191.54	Payee address; Seattle, Wa 98039	City; Seattle,	State; Wa	Zip Code 98039
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards	Description Event / Bowl TNMT
	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 08/19/2024	Payee name Walmart
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Amount (\$) 67.16	Payee address; 702 Sw 8th St, Bentonville, Arkansas, 72716-6209	City; Bentonville, Arkansas,	State; Arkansas,	Zip Code 72716-6209
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Printing 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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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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 08/31/2024	5 Payee name Plains Capital
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6 Amount (\$) 10.00	7 Payee address; POBox 271	City; Lubbock	State; TX	Zip Code 79408
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sevice Charge	(b) Description Monthly Fee
	(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 09/06/2024	Payee name Staples
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Amount (\$) 103.90	Payee address; 2436 Pablo Kisel Blvd.	City; Brownsville,	State; TX	Zip Code 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	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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Date 09/09/2024	Payee name Walmart
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Amount (\$) 181.83	Payee address; 702 Sw 8th St,	City; Bentonville, Arkansas,	State; 72716-6209	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Printing 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 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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 09/11/2024	5 Payee name Walmart
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6 Amount (\$) 89.72	7 Payee address; 702 Sw 8th St, Bentonville, Arkansas, 72716-6209
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Supplies Ink/Envelopes
	(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 09/12/2024	Payee name Ricardos
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Amount (\$) 107.00	Payee address; 425 East 10th Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Campaign Event Meeting
	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 09/23/2024	Payee name Galaxy Bowling
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Amount (\$) 714.45	Payee address; 3451 Pablo Kisel Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Bowling 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
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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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 09/24/2024	5 Payee name Frank Gonzalez
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6 Amount (\$) 250.00	7 Payee address; Pharr, Texas,	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Wooden Bench / Prize
	(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 09/25/2024	Payee name Plains Capital
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Amount (\$) 12.00	Payee address; PO Box 271	City; Lubbock,	State; TX	Zip Code 79408
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Service Charge	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
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Date 09/26/2024	Payee name Sams
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Amount (\$) 330.54	Payee address; 3570 W Alton Gloor	City; Brownsville, TX	State; TX	Zip Code 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations	Description Candy Pena / Gsrden Park
	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)

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|--|-------------------------------|--------------------------------|--|
| 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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 09/26/2024	5 Payee name William Franco
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6 Amount (\$) 280.00	7 Payee address; Brownsville, Texas, 78521	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Yard 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
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Date 09/27/2024	Payee name Walmart
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Amount (\$) 78.63	Payee address; 2205 Ruben Torres Blvd	City;	State;	Zip Code
		Brownsville,	TX	78526

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Lindas Door Prizes
	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 09/27/2024	Payee name Toscafinos
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Amount (\$) 373.95	Payee address; 3001 Pablo Kisel Blvd	City;	State;	Zip Code
		Brownsville,	TX	78526

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Camaoign Meeting
	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: 7	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 09/27/2024	5 Payee name Northern Cameron County Democrats
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6 Amount (\$) 150.00	7 Payee address; 222 W Harrison	City; Harlingen, Texas,	State;	Zip Code 78550
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(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
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