

# **EDELMIRO GARCIA**

**SEMI-ANNUAL  
REPORT  
JANUARY 15, 2025**

# 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: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr	Edelmiro	
NICKNAME		LAST	SUFFIX
Eddie		Garcia	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
3459 Chardonay Dr. Brownsville, TX 78526			
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956 )	956-407-9782	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr	Ricardo	
NICKNAME		LAST	SUFFIX
Rick		Canales	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
845 E. Harrison Suite B Brownsville, TX 78521 (Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(956 ) 546-7766			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input 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
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
10 / 27 / 24 THROUGH 12 / 31 / 24			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 5 / 24		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
BISD Trustee Plce 7		Cameron County Tax Assesor-Collector	
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**

Date Received  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

1:20pm JAN 15 2025

RECEIVED  
Date Hand-delivered or Date Postmarked  
By: *[Signature]*

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Edelmiro "Eddie" Garcia		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 2,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,977.31
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,457.39
<b>OUTSTANDING LOAN TOTALS</b>	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 Garcia, and my date of birth is 8-22-64  
 My address is 3459 Chardoney, Braunsville TX 78526 US  
(street) (city) (state) (zip code) (country)  
 Executed in Cameron County, State of Texas, on the 15 day of Jan, 2025.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Edelmiro "Eddie" Garcia</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,977.31
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME <b>Edelmiro "Eddie" Garcia</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/12/2024</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Rivera</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>34 Langan Brownsville TX 78521</b>	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Retired</b>		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>11/18/2024</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Prime Power</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>5420 Southmost Brownsville, TX 78521</b>	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Business</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>12/04/2024</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Linebarger</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>PO Box 17428 Austin, TX 78760</b>	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Law Firm</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

**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.

<b>1</b> Total pages Schedule F1: <b>17</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/28/2024	<b>5</b> Payee name Chestpound
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<b>6</b> Amount (\$) <b>550.00</b>	<b>7</b> Payee address; 3009 Monte Cristo	City; Brownsville,	State; TX	Zip Code 78526
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertisement	<b>(b)</b> Description Shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/2024	Payee name Maria Presiado
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Amount (\$) 500.00	Payee address; 1515 Cardinal Lane	City; Brownsville,	State; TX	Zip Code 78520
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expwnse	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 10/29/2024	Payee name Freddy's
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Amount (\$) 59.80	Payee address; 2435 N Expressway	City; Brownsville,	State; Texas	Zip Code 78520
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food / Beverage	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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/29/2024	<b>5</b> Payee name Sam's Club
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<b>6</b> Amount (\$) <b>180.21</b>	<b>7</b> Payee address; 3570 W Alton Gloor	City; Brownsville,	State; TX	Zip Code 78526
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/2024	Payee name Scale to Win
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Amount (\$) 551.46	Payee address; 13742 Harper St	City; Santa Ana,	State; CA	Zip Code 92703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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
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Date 10/29/2024	Payee name Mike Zavala
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Amount (\$) 300.00	Payee address; La Feria	City; TX	State; TX	Zip Code 78559
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	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
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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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/30/2024	<b>5</b> Payee name Simply Signs	
<b>6</b> Amount (\$) <b>600.12</b>	<b>7</b> Payee address; 1005 Grey Fox Circle	City; State; Zip Code Brownsville, TX 78526
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Business Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/31/2024</b>	Payee name Murphy	
Amount (\$) <b>75.00</b>	Payee address; 2215 Ruben Torres Blvd.	City; State; Zip Code Brownsville, TX 78526
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Expense	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/31/2024</b>	Payee name Maria Presiado	
Amount (\$) <b>175.00</b>	Payee address; 1515 Cardinal	City; State; Zip Code Brownsville, TX 78521
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/01/2024	<b>5</b> Payee name Higher Power in Hite
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<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; 1642 E Price	City: Brownsville,	State: TX	Zip Code 78526
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name DK's
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Amount (\$) 160.00	Payee address; 1655 Ruben Torres Blvd.	City: Brownsville,	State: TX	Zip Code 78526
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet & Greet
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name Sam's Club
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Amount (\$) 215.42	Payee address; 3570 W Alton Gloor	City: Brownsville,	State: TX	Zip Code 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Speaker
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Scale to Win	
<b>6</b> Amount (\$) <b>1,510.29</b>	<b>7</b> Payee address; City; State; Zip Code 13742 Harper St. Santa Ana, CA 92703	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11/05/2024</b>	Payee name Rolando Martines	
Amount (\$) <b>800.00</b>	Payee address; City; State; Zip Code 2128 8th Street, La Feria, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	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 <b>11/05/2024</b>	Payee name Esmeralda Mata	
Amount (\$) <b>600.00</b>	Payee address; City; State; Zip Code 625 Olmito Brownsville, TX 78521	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	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

# 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.

<b>1</b> Total pages Schedule F1: #2	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/06/2024	<b>5</b> Payee name Jesus Hernandez / Aja Toro	
<b>6</b> Amount (\$) 1,950.00	<b>7</b> Payee address; City; State; Zip Code 946 W Price Road Brownsville, TX 78521	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Watch Party
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/06/2024	Candidate / Officeholder name Marisol Martinez	
Amount (\$) 400.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	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 11/07/2024	Candidate / Officeholder name Chick Fil A	
Amount (\$) 19.81	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/07/2024	<b>5</b> Payee name Juan Longoria	
<b>6</b> Amount (\$) <b>600.00</b>	<b>7</b> Payee address; City; State; Zip Code 2370 Frontage Rd. Brownsville, TX 78520	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Watch Party
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Adriana Gonzalez	
Amount (\$) 300.00	Payee address; City; State; Zip Code 2212 N 47th McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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 11/08/2024	Payee name La Vaquita	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 833 W Elizabeth Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description Watch Party
	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.

<b>1</b> Total pages Schedule F1: #	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/12/2024	<b>5</b> Payee name Chick Fil A	
<b>6</b> Amount (\$) 65.18	<b>7</b> Payee address; City; State; Zip Code 1021 Dixieland Harlingen, TX 78552	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/20/2024	Payee name Toddle Inn	
Amount (\$) 63.96	Payee address; City; State; Zip Code 1740 Central Blvd. Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/BeverageAdvertising	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 11/22/2024	Payee name Adriana Gonzalez	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2217 N 47th McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media
	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/25/2024	<b>5</b> Payee name International Media Operators	
<b>6</b> Amount (\$) <b>500.00</b>	<b>7</b> Payee address; City; State; Zip Code 5232 Rustic Manor Brownsville, TX 78520	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Radio
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>12/03/2024</b>	Payee name Walmart	
Amount (\$) <b>41.13</b>	Payee address; City; State; Zip Code Bentonville, AR	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Toy Giveaway
	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 <b>12/03/2024</b>	Payee name Walmart	
Amount (\$) <b>123.41</b>	Payee address; City; State; Zip Code Bentonville, AR	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Toy Giveaway
	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

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# 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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/04/2024	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) <b>97.40</b>	<b>7</b> Payee address; City; State; Zip Code Bentonville, AR	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Toy Giveaway
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>12/04/2024</b>	Payee name Walmart	
Amount (\$) <b>216.85</b>	Payee address; City; State; Zip Code 2205 Ruben Torres <span style="float:right">Brownsville, TX 78526</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Toy Giveaway
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>12/30/2024</b>	Payee name Pinkis	
Amount (\$) <b>107.27</b>	Payee address; City; State; Zip Code 2265 Central Blvd. <span style="float:right">Brownsville, TX 78520</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Swearing In
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Edelmiro "Eddie" Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/31/2024	<b>5</b> Payee name Simply Signs
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<b>6</b> Amount (\$) <b>175.00</b>	<b>7</b> Payee address; 1005 Grey Fox Circle	City; Brownsville	State; TX	Zip Code 78521
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Invitations
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/2024	Payee name Plains Capital Bank
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Amount (\$) 10.00	Payee address; PO Box 271	City; Lubbock, TX	State; TX	Zip Code 79408
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Bank Fees	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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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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