

**ERIC**

**GARZA**

# 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: <span style="font-size: 2em; font-family: cursive;">20</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>MR</b> FIRST: <b>ERIC</b> MI: _____ NICKNAME: _____      LAST: <b>GARZA</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION <span style="font-size: 1.5em; font-family: cursive;">4:45 PM</span> JUL 06 2020 RECEIVED BY: <span style="font-size: 1.5em; font-family: cursive;">Quach</span> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO BOX 4173</b> <b>BROWNSVILLE TX 78520</b> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(956) 551 0155</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>MR</b> FIRST: <b>RICARDO</b> MI: _____ NICKNAME: _____      LAST: <b>CORNEJO</b> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3389 CHARDONNAY DRIVE</b> <b>BROWNSVILLE TX 78520</b> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(956) 433-7744</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>02 / 23 / 2020</b> <b>07 / 04 / 2020</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>07 / 14 / 2020</b>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  <span style="font-size: 2em; font-family: cursive;">SHERIFF</span>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME ERIC GARZA 15 Filer ID (Ethics Commission Filers)

16 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

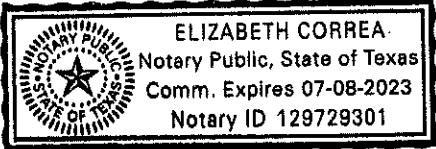
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>58,759.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>5,487.20</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>59,759.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>370.44</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>8,000.00</u>

18 AFFIDAVIT

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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ERIC GARZA, this the 6TH day of JULY, 2020, to certify which, witness my hand and seal of office.

[Signature] Elizabeth Correa Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*ERIC GARZA*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>58,759</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>59,759.91</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

5/13/20

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARK A JOHNSON

7 Amount of contribution (\$)

3,060.00

6 Contributor address;

City;

State;

Zip Code

PO BOX 5898 BRO TX 78523

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/22/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT GRACIA

Amount of contribution (\$)

3,000.00

Contributor address;

City;

State;

Zip Code

PO BOX 4953 BRO TX 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARK A JOHNSON

Amount of contribution (\$)

3,025.00

Contributor address;

City;

State;

Zip Code

PO BOX 5898 BRO TX 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
*2 of 5*

2 FILER NAME  
*ERIC GARZA*

3 Filer ID (Ethics Commission Filers)

4 Date  
*3/19/20*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*MARK A JOHNSON*

7 Amount of contribution (\$)  
*\$3,000.00*

6 Contributor address; City; State; Zip Code  
*PO BOX 5898 BROWNSVILLE TX 78523*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
*5/7/20*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*ROBERT GRACIA*

Amount of contribution (\$)  
*2,500.00*

Contributor address; City; State; Zip Code  
*PO BOX 4953 BROWNSVILLE TX 78523*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*5/21/20*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*ROBERT GRACIA*

Amount of contribution (\$)  
*3625.00*

Contributor address; City; State; Zip Code  
*PO BOX 4953 BRO TX 78523*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*5/21/20*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*MARK A JOHNSON*

Amount of contribution (\$)  
*3625.00*

Contributor address; City; State; Zip Code  
*PO BOX 5898 BRO TX 78523*

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

5/29/20

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT GRACIA

7 Amount of contribution (\$)

1,600.00

6 Contributor address;

City;

State;

Zip Code

PO BOX 4953 BRO TX 78523

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/28/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARK A JOHNSON

Amount of contribution (\$)

1,600.00

Contributor address;

City;

State;

Zip Code

PO BOX 5898 BRO TX 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/2/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT GRACIA

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

PO BOX 4953 BRO TX 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARK A JOHNSON

Amount of contribution (\$)

1,700.00

Contributor address;

City;

State;

Zip Code

PO BOX 5898 BRO TX 78523

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 5**

2 FILER NAME

**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**6/3/20**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ROBERT GRACIA**

7 Amount of contribution (\$)

**1,700.00**

6 Contributor address;

City;

State;

Zip Code

**PO Box 4953 BRO TX 78523**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**6/15/20**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ROBERT GRACIA**

Amount of contribution (\$)

**1,674.00**

Contributor address;

City;

State;

Zip Code

**PO Box 4953 BRO TX 78523**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6/12/20**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MARK A JOHNSON**

Amount of contribution (\$)

**1,674.00**

Contributor address;

City;

State;

Zip Code

**PO Box 5898 BRO TX 78523**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6/21/20**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ROBERT GRACIA**

Amount of contribution (\$)

**3,126.00**

Contributor address;

City;

State;

Zip Code

**PO Box 4953 BRO TX 78523**

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 5

2 FILER NAME ERIC BARZA

3 Filer ID (Ethics Commission Filers)

4 Date 6/22/20

5 Full name of contributor MARK A JOHNSON

7 Amount of contribution (\$) 3,174.00

6 Contributor address; City; State; Zip Code PO Box 5898 BRO TX 78523

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 7/1/20

Full name of contributor ROBERT GRACIA

Amount of contribution (\$) 10,238.00

Contributor address; City; State; Zip Code PO Box 4953 BRO TX 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 7/1/20

Full name of contributor MARK A JOHNSON

Amount of contribution (\$) 10,238.00

Contributor address; City; State; Zip Code PO Box 5898 BRO TX 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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: <i>1 of 12</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/22/20</i>	5 Payee name <i>FACEBOOK</i>	
6 Amount (\$) <i>543.11</i>	7 Payee address; City; State; Zip Code <i>1 HACKBERRY WAY MENLO PARK CA</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>SOCIAL MEDIA</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/23/20</i>	Payee name <i>DE SARO RODRIGUEZ</i>	
Amount (\$) <i>6,300.00</i>	Payee address; City; State; Zip Code <i>800 N MAIN ST McALLEN TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING Exp.</i>	Description <i>MEDIA BUY</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/27/20</i>	Payee name <i>SNAPCHAT</i>	
Amount (\$) <i>700.00</i>	Payee address; City; State; Zip Code <i>2772 DONALD DOUGLAS SANTA MUNICA CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 12	2 FILER NAME <b>ERIC GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date 7/2/20	5 Payee name <b>DE SARO RODRIGUEZ</b>	
6 Amount (\$) 14,875.00	7 Payee address; City; State; Zip Code <b>800 N MAIN ST MCALLEN TX 78501</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>COMMERCIALS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/30/20	Payee name <b>FACE BOOK</b>	
Amount (\$) 800.00	Payee address; City; State; Zip Code <b>1 HACKBERRY WAY MENLO PARK CA</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SOCIAL MEDIA</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/1/20	Payee name <b>MARTIN VILLARREAL SIGNS</b>	
Amount (\$) 665.85	Payee address; City; State; Zip Code <b>128 DANLEY BRO TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>SIGNS/SHIRTS/CAPS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: 3 of 12	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/20	5 Payee name HEB	
6 Amount (\$) 360.59	7 Payee address; City; State; Zip Code 1628 CENTRAL BLVD BRO TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD DISTRIBUTION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/2/20	Payee name MARTIN VILLARREAL SIGNS	
Amount (\$) 1,040.00	Payee address; City; State; Zip Code 128 DAWLEY BRO TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/15/20	Payee name FASCLAMPIT PAPER	
Amount (\$) 295.00	Payee address; City; State; Zip Code 2700 N MCCOIL MCALLEN TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	Description CARD STOCK
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <i>4 of 12</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/29/20</i>	5 Payee name <i>BREEDEN MCCUMBER</i>	
6 Amount (\$) <i>1,180.00</i>	7 Payee address; City; State; Zip Code <i>1724 BOCA CHICA BRO TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	(b) Description <i>BILLBOARD</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/29/20</i>	Payee name <i>MARTIN VILLARREAL SIGNS</i>	
Amount (\$) <i>816.00</i>	Payee address; City; State; Zip Code <i>128 DAWLEY BRO TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	Description <i>SIGNS/CAPS/SHIRTS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/30/20</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>1,100.00</i>	Payee address; City; State; Zip Code <i>1 HACKBERRY WAY MEMLO PARK CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	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: 5 of 12	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/20	5 Payee name STAPLES	
6 Amount (\$) 427.97	7 Payee address; City; State; Zip Code 2436 PABLOKISE BRO TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE EXPENSES	(b) Description TONER/PAPER/LABELS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/1/20	Payee name YAHOO	
Amount (\$) 500.00	Payee address; City; State; Zip Code 701 1ST AVE SUNNYVALE CA 94089	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SOCIAL MEDIA
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/5/20	Payee name MARTIN VILLARREAL SIGNS	
Amount (\$) 260.00	Payee address; City; State; Zip Code 128 DAULEY BRO TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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: <i>6 of 12</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/5/20</i>	5 Payee name <i>MARTIN VILLARREAL SIGNS</i>	
6 Amount (\$) <i>875.00</i>	7 Payee address; City; State; Zip Code <i>128 DANLEY BRO TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>POLITICAL SIGNS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/5/20</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>450.00</i>	Payee address; City; State; Zip Code <i>1 HACKERWAY MENLO PARK CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/2/20</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>270.00</i>	Payee address; City; State; Zip Code <i>1 HACKBERRY WAY MENLO PARK CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <i>7 of 12</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/20</i>	5 Payee name <i>STAPLES</i>	
6 Amount (\$) <i>400.00</i>	7 Payee address; City; State; Zip Code <i>2436 PABLO KISEL BRO TX 78524</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>SUPPLIES</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/3/20</i>	Payee name <i>SAMS</i>	
Amount (\$) <i>204.94</i>	Payee address; City; State; Zip Code <i>3570 W ALTON GLOOR BRO TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>FOOD GIVEAWAY SUPPLIES</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/4/20</i>	Payee name <i>GO DADDY</i>	
Amount (\$) <i>18.17</i>	Payee address; City; State; Zip Code <i>14455 N HAYDEN RD SCOTTSDALE AZ 85240</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>WEB SITE</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>8 of 12</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/20/20</i>	5 Payee name <i>SONIC PRINT</i>	
6 Amount (\$) <i>3,060.00</i>	7 Payee address; City; State; Zip Code <i>425 EAST SPRUCE TAMPA FL 34689</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>MAILER</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/27/20</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>1 HACKERWAY MENLO PARK CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/28/20</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>400.00</i>	Payee address; City; State; Zip Code <i>1 HACKERWAY MENLO PARK CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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: <i>9 of 12</i>	<b>2</b> FILER NAME <i>ERIC GARZA</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/24/20</i>	<b>5</b> Payee name <i>AMAZON</i>	
<b>6</b> Amount (\$) <i>110.85</i>	<b>7</b> Payee address; City; State; Zip Code <i>440 TERRY AVE SEATTLE WA</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>OFFICE EXP ADVERTISING</i>	<b>(b)</b> Description <i>TONER</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/25/20</i>	Payee name <i>ADOBE</i>	
Amount (\$) <i>168.00</i>	Payee address; City; State; Zip Code <i>345 PARK AVE SAN JOSE CA 95110</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description <i>SOFTWARE</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/7/20</i>	Payee name <i>BLIP</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>1371 W 1250 OREM UT 84058</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <i>10 of 12</i>	2 FILER NAME <i>ERIC BARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/24/20</i>	5 Payee name <i>DE SARO RODRIGUEZ</i>	
6 Amount (\$) <i>6025.00</i>	7 Payee address; City; State; Zip Code <i>800 N MAIN MCKAYEN TX 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>COMMERCIAL MEDIA</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/16/20</i>	Payee name <i>FACEBOOK</i>		
Amount (\$) <i>780.58</i>	Payee address; City; State; Zip Code <i>1 HACKBERRY WAY MENLO PARK CA</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>6/17/20</i>	Payee name <i>VENTURE X RENTAL</i>		
Amount (\$) <i>360.00</i>	Payee address; City; State; Zip Code <i>222 N EXPWY BRO TX 78520</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>RENTAL EXPENSE</i>	Description <i>PRESS CONFERENCE</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11 of 12</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/25/20</i>	5 Payee name <i>FACEBOOK</i>	
6 Amount (\$) <i>625.00</i>	7 Payee address; City; State; Zip Code <i>1 HACKBERRY WAY MENLO PARK CA</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>SOCIAL MEDIA</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/1/20</i>	Payee name <i>YAHOO</i>	City; State; Zip Code
Amount (\$) <i>666.65</i>	Payee address; City; State; Zip Code <i>701 1ST AVE SUNNYVALE CA 94089</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SOCIAL MEDIA</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/22/20</i>	Payee name <i>DE SARO RODRIGUEZ</i>	City; State; Zip Code
Amount (\$) <i>7,250</i>	Payee address; City; State; Zip Code <i>800 N MAIN MCALLEN TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>COMMERCIALS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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: <i>12 of 12</i>	<b>2</b> FILER NAME <i>ERIC GARZA</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/28/20</i>	<b>5</b> Payee name <i>THE DATA GROUP</i>	
<b>6</b> Amount (\$) <i>2065.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3208 COLONIAL DRIVE ORLANDO FL</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>(b)</b> Description <i>SOCIAL MEDIA</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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