

# **ERIC GARZA**

**SEMI-ANNUAL  
REPORT  
JULY 15, 2023**

# 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>14</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ERIC</b>	MI
	NICKNAME	LAST <b>GARZA</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>P O Box 4473</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Brownsville TX 78520</b>
	AREA CODE <b>(956)</b>	PHONE NUMBER <b>551 0155</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>MR</b>	FIRST <b>RICARDO</b>	MI
	NICKNAME	LAST <b>CORNEJO</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3389 CHARONNAY Brownsville TX 78520</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>433-7744</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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>01 / 01 / 2023</b> THROUGH <b>06 / 30 / 2023</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 05 / 2024</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>SHERIFF</b>	13 OFFICE SOUGHT (if known) <b>SHERIFF</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

Date Received: **3:25pm**  
**JUL 17 2023**

RECEIVED  
By: *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Eric Garza **16 Filer ID (Ethics Commission Filers)**

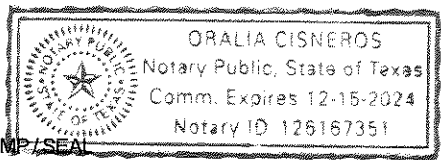
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>                    </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>40,950.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>4,654.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,030.09</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>67,577.00</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>8,950.00</u>

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by Eric Garza this the 17<sup>th</sup> day of July, 2023, to certify which, witness my hand and seal of office.  
Oralia Cisneros Oralia Cisneros Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*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>40,950.00</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>12,376.09</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**

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: <b>1 OF 3</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/22/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIA A. SOLIS</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>1835 DON QUIXOTE BRO TX 78520</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/21/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSEPH ESCOBEDO</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>4430 E 14TH #B BRO TX 78521</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/22/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT AVITIA</b>	Amount of contribution (\$) <b>400.00</b>
Contributor address; City; State; Zip Code <b>20902 TRENTON VALLEY KATY TX 77449</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/22/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRED KOWALSKI</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>902 E MADISON BRO TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>2 OF 8</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/20/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERTO ALMEIDA</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>1134 E LOS EBANOS BLDG TX 78520</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>6/20/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN MARTINEZ</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>534 E JACKSON BRO TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>6/18/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOMMY FREEMAN</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 369 ELSA TX 78543</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>6/20/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE SALAZAR</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>611 E LOOP 499 HAN TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: <b>3 OF 8</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/24/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDDIE LUCIO III</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>3705 COTTONTAIL BRO TX 78526</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>6/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JONATHAN GRACIA</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>932 EVANBUREN BRO TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>6/22/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NOELIA MARTINEZ</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1507 E MADISON BRO TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/21/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINERBARGER GORGANT BLAIR</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 17428 AUSTIN TX 78750</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: <b>4 OF 8</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERTO MARTINEZ</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>610 S GARCIA PI TX 78578</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BAJESH SHARMA</b>	Amount of contribution (\$) <b>1,500.00</b>
Contributor address; City; State; Zip Code <b>330 ACACIA LAKE BRO TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN R ALEMAN</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>717 W ASHBY SAN ANTONIO TX 78212</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT NARANJO</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>832 ABRAHAMSON BRO TX 78526</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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: <b>5 OF 8</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.8.23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANCES WHITNEY</b>	7 Amount of contribution (\$) <b>5,000.00</b>
6 Contributor address; City; State; Zip Code <b>607 E WHALEY LONGVIEW TX 75601</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3.24.23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN FRANZ</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>400N MCCOIL McALLEN TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6.20.23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT GRACIA</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6.5.23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAINIE ESCOBEDO</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>55 GANOUSKI BRO TX 78521</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: <b>6 OF 8</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-1-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL CARRE</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>2100 BOCA CHICA BRN TX</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6-23-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CESAR AYALA</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>905 E TYLER BRO TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6-21-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE SAHAZAR</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>1460 N EXPWY BRO TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6-23-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NORBERTO RYDES</b>	Amount of contribution (\$) <b>400.00</b>
Contributor address; City; State; Zip Code <b>5926 MAVERICK BRO TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**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: <b>7 OF 8</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-9-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICARDO MENDEZ</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>1900N BRPWAY BRO TX</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6-2-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AARON GUERRA</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>5000N 23RD McALLEN TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5-1-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERLYN PUTMAN</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>P O BOX 21056 WACO TX 76702</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6-20-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFFREY HANNES</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>2412 PASSED DEL UGO MISSION TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>8 OF 8</b>
2 FILER NAME <b>ERIC BARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-2-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AARON GUERNA</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>5322 E HWY 83 RGC TX 78582</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>6-21-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>REY ESQUIVEL</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>905 FAIR PARK HEN TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5-30-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAVIER V. HARREAL</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>2401 WILD FLOWER DR BRO TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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**  
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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: <i>1 OF 3</i>	<b>2</b> FILER NAME <i>ERIC GARZA</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6-26-23</i>	<b>5</b> Payee name <i>GOOGLE</i>	
<b>6</b> Amount (\$) <i>\$872.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1600 AMPHITHEATER PARKWAY MOUNTAIN CA</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description
	<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 <i>6-27-23</i>	Payee name <i>GOT PRINT</i>	
Amount (\$) <i>\$942.00</i>	Payee address; City; State; Zip Code <i>7651 N SAN FERNANDO BURBANK CA</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>PUSH CARDS</i>
	<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 <i>6-28-23</i>	Payee name <i>FIVERR</i>	
Amount (\$) <i>1,592.00</i>	Payee address; City; State; Zip Code <i>401 BROADWAY STE 1600 NY NY</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>CAMPAIGN DESIGN</i>
	<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

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: <b>2 OF 3</b>	2 FILER NAME <b>ERIC GARZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2-10-23</b>	5 Payee name <b>WIX</b>
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6 Amount (\$) <b>\$842.00</b>	7 Payee address; <b>3300 N F 35</b>	City; <b>AUSTIN</b>	State; <b>TX</b>	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>WEB SITE</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-1-23</b>	Payee name <b>FACEBOOK</b>
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Amount (\$) <b>\$2,000.00</b>	Payee address; <b>1 HACKERWAY</b>	City; <b>MENLO PARK</b>	State; <b>CA</b>	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	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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Date <b>6-10-23</b>	Payee name <b>HOME DEPOT</b>
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Amount (\$) <b>\$2481.09</b>	Payee address; <b>605 W MURKINSON</b>	City; <b>BRO</b>	State; <b>TX</b>	Zip Code <b>78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>T-POSTS</b>
	<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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# 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: <b>3 of 3</b>	2 FILER NAME <b>ERIC GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6-15-23</b>	5 Payee name <b>LOWES</b>	
6 Amount (\$) <b>\$1,453.00</b>	7 Payee address; <b>525 RUDEN M TORRES BRO TX</b>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(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

Date <b>6-20-23</b>	Payee name <b>HEB</b>	
Amount (\$) <b>\$1,246.00</b>	Payee address; <b>2155 PAREDES BRO TX</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>TOURNAMENT</b>
	<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 <b>6-21-23</b>	Payee name <b>SAMS</b>	
Amount (\$) <b>\$948.00</b>	Payee address; <b>3570 W ATTON BLOOR BRO TX</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>TOURNAMENT</b>
	<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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