

# **ERIC GARZA**

**8 Days Before  
Election**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR ERIC GARZA

**OFFICE USE ONLY**

Date Received  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

FEB 26 2024

RECEIVED

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

5177 BRANSON PL  
BROWNSVILLE TX 78520

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 551 0155

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR RICARDO CORNEJO

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3389 CHARDONNAY  
BROWNSVILLE TX 78520

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 433-7744

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01 / 26 / 2024

THROUGH

Month

Day

Year

02 / 24 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 24

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF

13 OFFICE SOUGHT (if known)

SHERIFF

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

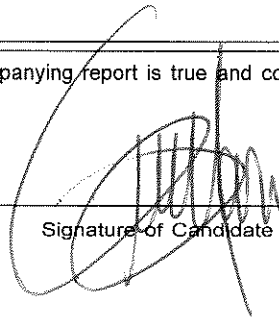
1:24  
pm.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>ERIC GARZA</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>                    </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,600.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>6,478.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>29,922.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13,126.32</u>
OUTSTANDING LOAN TOTALS	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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

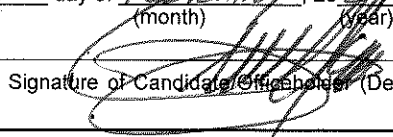
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

**(2) Unsworn Declaration**

My name is ERIC GARZA, and my date of birth is 12-02-1973  
 My address is 517 BRAUNSON PLACE, BOONSVILLE, TX, 76510, CAMERON  
 (street) (city) (state) (zip code) (country)  
 Executed in CAMERON County, State of TEXAS, on the 26 day of FEBRUARY, 20 20.  
 (month) (year)

  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Eric Barza</i>		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>15,600.00</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>23,444.91</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

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: <i>1 of 2</i>
2 FILER NAME <i>ERIC GARZA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JASON LONGORIA</i>	7 Amount of contribution (\$) <i>300.00</i>
	6 Contributor address; City; State; Zip Code <i>2422 BRIAN MISSION</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/29/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NANCY ESCOBEDO</i>	Amount of contribution (\$) <i>5,000.00</i>
	Contributor address; City; State; Zip Code <i>104 AMICA BROWNSVILLE TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN RICK ALEMAN</i>	Amount of contribution (\$) <i>1,500.00</i>
	Contributor address; City; State; Zip Code <i>717 W ASHBY SAN ANTONIO TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT NARANJO</i>	Amount of contribution (\$) <i>5,000.00</i>
	Contributor address; City; State; Zip Code <i>832 ABRAHAMSON BROWNSVILLE</i>	
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

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 2</b>
2 FILER NAME <b>ERIC GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/12/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PEDRO MORALES JR</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/22/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFFERY HANNES</b>	Amount of contribution (\$) <b>2500.00</b>
Contributor address; City; State; Zip Code <b>2412 PASEO DEL LAGO MISSION</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/22/24</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>5000 N 23RD MCALLEN</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/29/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK RODRIGUEZ</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>P O BOX 5463 MCALLEN</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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>1/27/24</i>	<b>5</b> Payee name <i>CARISMA PRINTING</i>	
<b>6</b> Amount (\$) <i>18,330.98</i>	<b>7</b> Payee address; City; State; Zip Code <i>2100 CENTRAL BLVD BROWNSVILLE TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING Exp.</i>	<b>(b)</b> Description
	<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>2/10/24</i>	Payee name <i>CARISMA PRINTING</i>	
Amount (\$) <i>270.63</i>	Payee address; City; State; Zip Code <i>2100 CENTRAL BLVD BROWNSVILLE TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING Exp.</i>	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 <i>2/11/24</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>1 HACKERWAY MENLO PARK CA</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING Exp.</i>	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

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: <i>2 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>2/12/24</i>	<b>5</b> Payee name <i>Google</i>	
<b>6</b> Amount (\$) <i>1,000.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1600 AMPHITHEATER MOUNTAINVIEW 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 exp</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>2/14/24</i>	Payee name <i>WIX</i>	
Amount (\$) <i>944.00</i>	Payee address; City; State; Zip Code <i>500 TERRYA FRANCOIS SAN FRANCISCO CA</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING exp</i>	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 <i>2/15/24</i>	Payee name <i>META</i>	
Amount (\$) <i>1,250.00</i>	Payee address; City; State; Zip Code <i>1 HACKERWAY MENLO PARK CA</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	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

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>3 OF 3</b>	2 FILER NAME <b>ERIC SANZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/24</b>	5 Payee name <b>BROWNSVILLE CRIME STOPPERS</b>	
6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>LUNCHEON</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

Date <b>2/23/24</b>	Payee name <b>CARISMA PRINTING</b>		
Amount (\$) <b>270.63</b>	Payee address; City; State; Zip Code <b>2100 CENTRAL BLVD BROWNSVILLE TX</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>SIGNS</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>2/23/24</b>	Payee name <b>TRACTOR SUPPLY</b>		
Amount (\$) <b>128.67</b>	Payee address; City; State; Zip Code <b>1989 MILITARY HWY BROWNSVILLE TX</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</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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