# ERIC GARZA

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MR. ERIC	MI	OFFICE USE ONLY		
NAME			Date Received		
	NICKNAME LAST  GARZA	SUFFIX	CAMERON COUNTY DEPARTMENT OF EXECTIONS & VOTER REGISTRATION		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P O BOX 4173 BROWNSVILLE TX 7852	CITY; STATE; ZIP CODE	FEB 03 2020		
Change of Address	BROWNSVILLE IX 7832	<b>8</b> Y	MLE 1:11PM		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	O STATE OF THE PROPERTY OF THE		
OFFICEHOLDER PHONE	( 956 ) 551-0155		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MR RICARDO	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST	. , , ,	Date Processed		
	CORNEJO		Date imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	3389 CHARDONNAY DR				
(Residence or Business)	BROWNSVILLE TX 7852	20			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 433-7744	EXTENSION			
9 REPORT TYPE	January 15 X 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>01 01 2020</b>	Month	Day Year <b>2020</b>		
		THROUGH U1			
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Y Runoff Other Description			
	03 / 03 / 2020 Genera	al Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
		SHERIFF			
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ERIC GAR		Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME	market and the second control of the second	
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
	COMMITTEE CAMPAIGN TREASURER ADDRESS		H61)-	
17 CONTRIBUTION	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN		\$ 0.00	
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		accord according to the second	
	ì	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 725.18	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ <b>1,119.38</b>	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00	
18 AFFIDAVIT	<u> </u>		noralla la	
	Notary Pub Comm. Ex	I swear, or affirm, under penalty of perjutrue and correct and includes all inform under Title 15, Election Code.  In 124184408	ation required to be reported by me	
AFFIX NOTARY STAM	IP/SEALABOVE		ARZA	
Sworn to and subsc			, this the <b>3rd</b>	
day of <b>reprua</b>	<b>ry</b> , 20 <b>20</b>	to certify which, witness my hand and seal of office.		
4.1	Y	Yania Pena Valder	MA	
Signature of officer a	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 Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	§ <b>725.18</b>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1: 01 OF 01			3 Filer ID (Ethics Commission Filers)
4 Date 01/03/20	5 Payee name		<u> </u>
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$425.18	WALMART		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	XPENSE SUPPLIES FOR BBQ PLATE FUN	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		ANA PANANCIA NASIA SI SANTINI ANTINI NI
01/04/2020	FACEBOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
\$300.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIGIT	AL MARKETING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY 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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEI	EDED