ERIC GARZA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this f	form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	MR. ERIC		
	NICKNAME LAST	SUFFIX	Date Received CAMERON COUNTY CAMERON COUNTY
	GAR	ZA	DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	FEB 2 4 2020
MAILING	P O BOX 4173	redelveb .	
ADDRESS	BROWNSVILLE TX 7	78520	EV
Change of Address	ADEA CODE		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(956) 551 0155		
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME	MR RICARDO		Date Processed
	NICKNAME LAST	Date Imaged	
	CORN	IEJO	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	3389 CHARDONNA	DRIVE	
(Residence or Business)	BROWNSVILLE TX 7	78520	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 433 7744	EXTENSION	
9 REPORT TYPE		ay before election Runoff before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Manufil David		D. V.
COVERED	Month Day Year		Day Year
	01 / 24 / 20)20 THROUGH 02 /	22 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff Other Description	
	03 / 03 /2020	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		~ I I I I I I I I I I I I I I I I I I I	
		SHERIFF	
	G	O TO PAGE 2	

34 إلى

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ERIC GAR	ZA 15 F	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	S MADE BY POLITICAL COMMITTEES TO IT THE CANDIDATE'S OR OFFICEHOLDER'S ORMATION ONLY IF THEY RECEIVE NOTICE				
	COMMITTEE TYPE COMMITTEE NAME				
	SPECIFIC				
:		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL	\$ 4380.00			
TOTALS	PLEDG CONTR	4330:00			
	2. TOTAL	¢ 5,000,00			
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000.00		
EXPENDITURE	3. TOTAL				
TOTALS	3. TOTAL	\$ 0.00			
	4. TOTAL	\$ 17,128.03			
CONTRIBUTION					
BALANCE	5. TOTAL F OF REP	´ \$ 1,371.35			
OUTSTANDING					
LOAN TOTALS	6. TOTAL F LAST DA	\$ 8,000.00			
18 AFFIDAVIT		Λ			
		l swear, or affirm, under penalty of perjur	, , , , ,		
		true and correct and includes all informations and under Title 15, Election Code	ion required to be reported by me		
	RUBEN GARCES HINO	XOSA E			
	NOTARY PUBLIC 1D# 124549328		,		
To the	State of Texas Comm. Exp. 05-05-2	023			
******		Signature of candidate			
AFFIX NOTARY STAME	P/SEALABOVE	ERIC	ARZA		
Sworn to and subscri	ibed before me, b	y the said ERIC GARZA	, this the 24TH _		
day of Februa i	ry , 20 20 , t	o certify which, witness my hand and seal of office.			
THR.					
三	-	TUDEN Garces-Hnowen	Notary		
Signature of officer ac	dministering 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 Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 8,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	17,128.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ERIC GARZA 4 Date 7 Amount of contribution (\$) ut-of-state PAC (ID#:_____ 5 Full name of contributor **MARK A JOHNSON** 5,000.00 **02/11/20** 6 Contributor address; State; Zip Code City; P O BOX 5898 BROWNSVILLE TX 78520 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ State; Zip Code Contributor address: City: Employer (See Instructions) Principal occupation / Job title (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.

LOANS			SCHEDULE E
The	1 Total pages Schedule E:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan 2/01/2020	7 Name of lender	,	9 Loan Amount (\$) 8,000.00
Is lender a financial Institution?	8 Lender address; City; 615 PARRAL ST	State; Zip Code	10 Interest rate N/A 11 Maturity date
NO	BROWNSVILLE	TX 78520	N/A
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
RETIRE	D	RETIRED	
14 Description of Co	llateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	N/A
🗽 not applicable	18 Guarantor address; City;	State; Zip Code	N/A
	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions) N/A	N/A
20 Principal Occupa	18 Guarantor address; City;	21 Employer (See Instructions)	Loan Amount (\$)
N/A Date of loan Is lender a financial	18 Guarantor address; City; N/A attion (See Instructions)	21 Employer (See Instructions)	
N/A Date of loan Is lender	18 Guarantor address; City; N/A ation (See Instructions) Name of lender	21 Employer (See Instructions) N/A PAC (ID#:)	Loan Amount (\$)
Principal Occupa N/A Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; N/A ation (See Instructions) Name of lender	21 Employer (See Instructions) N/A PAC (ID#:)	Loan Amount (\$) Interest rate
Principal Occupa N/A Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; N/A ation (See Instructions) Name of lender	21 Employer (See Instructions) N/A PAC (ID#:) State; Zip Code Employer (See Instructions)	Loan Amount (\$) Interest rate Maturity date ds were deposited into political
Principal Occupation N/A Date of loan Is lender a financial Institution? Y N Principal occupation	18 Guarantor address; City; N/A ation (See Instructions) Name of lender	21 Employer (See Instructions) N/A PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal fun	Loan Amount (\$) Interest rate Maturity date ds were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupat Description of Col	18 Guarantor address; City; N/A ation (See Instructions) Name of lender	21 Employer (See Instructions) N/A PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal fun	Loan Amount (\$) Interest rate Maturity date ds were deposited into political tions)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense 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	al Committee	Legal Services The Instruction Gr	/Salaries uide explains how to	Wages/Contract Labor	Other (enter a catego	ory not listed above)	
Total pages Schedule F1:	2 FILER NA	ME ·	GARZA		3 Filer ID (Ethics	Commission Filers)	
Date 01/28/2020	5 Payee nar	CHA	RRO DA	YS INC			
i Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code	
\$500.00		E ELIZABE WNSVILLE	TH ST E TX 78520)			
}	(a) Category	/ (See Categories listed a	t the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE			FLOAT	ENTRANCE FEE FOR FLOAT		
	(c)	Check if travel outside of Tex	xas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	ıme	Office sought		Office held	
Date	Payee nar	me					
02/14/2020	FAC	EBOOK					
Amount (\$)	Payee ad	dress;	n garan manan manan manan a Mahal (A 1864) (A 1864) (A 1864)	City;	State;	Zip Code	
\$2,000.00							
THE RESIDENCE OF THE PROPERTY	Category	(See Categories listed at	the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADV	ERTISING	EXPENS	E DIGIT	AL MARK	ETING	
		Check if travel outside of Tex	xas. Complete Schedule T.	Check if Aus	stin, TX, afficeholder living] expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	me	Office sought		Office held	
Date	Payee na	ime					
02/11/2020	DE	SARO R	ODRIGU	EZ			
Amount (\$)	Payee ad			City;	State;	Zip Code	
\$6,175.00		N MAIN LLEN T					
		(See Categories listed at		Description		<u></u>	
PURPOSE OF EXPENDITURE	ADV	/ERTISII	NG	COMMI	COMMERCIALS		
		Check if travel outside of Tex	xas. Complete Schedule T.	Check if Aus	stin, TX, afficeholder living	g expense	
				Office cought		Office held	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder n	ame	Office sought			

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction	Salarie	es/Wages/Contract Labor co complete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1: 02 of 02	2 FILER N	AME ERIC	C GARZA	OCCUPATION OF PROPERTY OF THE OWN THE	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	ame				
02/01/2020		SONI	C PRINT			
\$8,453.03		EAST S	PRUCE	City;	State;	Zip Code
	-	IPA FL 3	······································			
8	(a) Categor	у (See Categories liste	d at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	ADV	ERTISING	S EXPENSI	MAILE	R	
	(c)	Check if travel outside of	Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder	name	Office sought		Office held
Date	Payee na	ıme				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed	at the top of this schedule)	Description		OPENING THE STATE OF THE STATE
		Check if travel outside of	Texas. Complete Schedule T.	lete Schedule T. Check If Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder i	name	Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	Idress;		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 A	ustin, TX, officeholder livir	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						