ERIC

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 ERIC	МІ	OFFICE USE ONLY Date Received
	NICKNAME LAST PARTA	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS &
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	PO BOX 4173	CITY; STATE; ZIP CODE	VOTER REGISTRATION
Change of Address	BROWNSVILLE TX	78520	BY: VI OF PH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 551 0/55	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST RICARI	DO MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST CORNETO	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 3389 CHARDONN		STATE; ZIP CODE
(Residence or Business)	BROWNSVILLE TX	78510	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 433-7744	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec	*	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/23/2020	THROUGH 67/	Day Year 7620
11 ELECTION	ELECTION DATE Month Day Year Primary 07 / 14 / 2026 General	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SHERITA	
	GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ERIC	GARZA	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 I 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					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 58,759.00			
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,487.20			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 59,759.91			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	s 370.44			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 370.44 \$ 8,000.00			
Notar Com	IZABETH CORREA y Public, State of Te: m. Expires 07-08-20 stary ID 129729301	ses 23 Signature of Candida				
Sworn to and subscr	20	by the said <u>ERIC GARZA</u> o certify which, witness my hand and seal of office.	, this the <u>67H</u>			
Epheth	Implestering and	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 (E	Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$58,759
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	\$59,75991
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$
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	С/ОН \$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) ERIC GARDA Date 7 Amount of contribution (\$) MARK A JOHNSON 6 Contributor address; City; S 3,060.00 State; Zip Code Employer (See Instructions) Date Amount of contribution (\$) 3,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 3,025.00 State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EDIC GARZA 7 Amount of contribution (\$) 3/19/20 MARK A JOHNSON 6 Contributor address; City; State; Zip Code POBOX 5898 BROWNSWILLTR A \$3,000.00 Amount of contribution (\$) ROBERT GRACIA Contributor address; City; State; Zip Code POBOX 4953 BROWNSUILGTX 78523 2,500.00 Principal occupation / Job title (See Instructions out-of-state PAC (ID#:_ Amount of contribution (\$) 5/21/20 ROBERT BRACIA Contributor address; City; State; Zip Code POBOX 4953 BRO TX 78523 3625.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) MARK A JOHNSON Contributor address; City; State; Zip Code PO BOX 5898 BRO TR 78523 3625.00 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ERIC BARZA	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/20	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 5/20/26	Full name of contributor out-of-state PAC (ID#:) MARK A JOHNSON	Amount of contribution (\$)
Trojes	Contributor address; City; State; Zip Code POBOX 5898 BRO 7X 78523	1,600,00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date /3/2/20	Full name of contributor	Amount of contribution (\$)
4190	Contributor address; City; State; Zip Code POBOX 4953 BPO TX 18923	200.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date (1/2/20)	Full name of contributor	Amount of contribution (\$)
6/3/20	Contributor address; City; State; Zip Code POBOX 5898 BR6 7X 18523	1,700.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule, The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ERIC BARZA 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 1,700.00 Date Amount of contribution (\$) ROBERT GNACIA Contributor address; City; State; Zip Code PO BOX 4953 BRO TX 18523 1,674.00 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) Contributor address; 1167400 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) 3,126.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5645
2 FILER NAME	ERIC BARZA		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/20 8 Principal occu	5 Full name of contributor out-of-state PAC MARK A JOHNSON 6 Contributor address; City; POBOX 5898 BRO pation / Job title (See Instructions)	7 Amount of contribution (\$) 3, 1.74.00	
o r morpar occu	pation / Job tile (See Hall Chons)	9 Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC ROBERT GRACIA	(ID#:)	Amount of contribution (\$)
1/1/20	Contributor address; City; POBOX 4953 BRO	State; Zip Code 77 78523	10,238.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 7/1/20	Full name of contributor out-of-state PAC MARK A JOHNSON Contributor address; City; POBOX 5898 B26		Amount of contribution (\$) 10, 238, 00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Zip Code 7 Payee address; 8 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense as. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code City: State: **PURPOSE** EXPENDITURE Check if travel outside of texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Cerd Payment	The Instruction Guide explains how to		er (enter a category not listed above)
1 Total pages Schedule F1: 2 of 12	2 FILER NAME ERIC GAR	ZA 3 F	iler ID (Ethics Commission Filers)
4 Date 7/2/20	5 Payee name OE SARO	ROBRIGUEZ	2
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
14,875.60	BOON MAIN ST	MCALLEN	TX 78901
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	AOUEDTISING EXPENSE	Comme	PCIALS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/30/20	FACE BOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
800.00	I HACKBERRY WAY	MENLOP,	ARK CA
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENS	E SOCIAL	- MEDIA
	Check if travel outside, a Texas. Complete Schedule T.	Check if Austin, TX, c	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/1/20	MARTIN VILLAR	REAL SIG	GNS
Amount (\$)	Payee address;	City;	State; Zip Code
665.85	128 DANLEY	BRO -	TX 78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVENTISING	SIGNS/SI	HIRTS/CAPS
	Check if travel outside of exas. Complete Schedule T.	Check if Austin, TX, o	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	S SCHEDULE AS NEEDED	

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/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie The Instruction Guide explains how t		egory not listed above)
1 Total pages Schedule F1: 3 of 12	2 FILER NAME ERIC GA	22A 3 Filer ID (Eth	nics Commission Filers)
4 Date 5/29/20	5 Payee name HEB		4144
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
360,59	1628 CENTRAL B	LVD BRO TX	78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOUD DISTRIE	SUTTON
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ing expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
6/2/20	MARTIN VILLAR	CREAL SIGNS	
Amount (\$)	Payee address;	City; State;	Zip Code
1,040.00	128 DAWLEY	BRO TX	78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS	
	Check if travel cutside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/15/20	FASCLAMPIT 1	PAPER	
Amount (\$)	Payee address;	City; State;	Zip Code
295.00	2700 N MCCOIL	MCAllEN TX	78501
	Category (See Categories listed at the top of this schedule)	Description	-
PURPOSE OF EXPENDITURE	OFFICE EXPENSE	CARDSTOCA	E
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex

Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica	al Committee	Legal Services	Jilaio Experioe	Salaries/Wa	ges/Contract Labor		iter a categ	ory not listed above)
Credit Card Payment		The Instruction	n Guide explair	ns how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME EK	7K 6	ARZ	4	3 Filer	ID (Ethic	s Commission Filers)
4 Date /29/20	5 Payee na	ame BRE	EDEN	MO	CCUMB	ER		
6 Amount (\$)	7 Payee ad	idress;			City;		State;	Zip Code
1,180.00	172	4 BOC.	ACH	CA	BRO	7.	\mathcal{Z}_{-}	78520
8	(a) Categor	y (See Categories lis	ted at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADU	GRT1511	ing &	P	BILL	BOA	20	
	(c)	Check if travel outside	of Pexas, Complete S	Schedule T.	Check if Au	ustin, TX, office	holder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholde	r name		Office sought			Office held
Date	Payee na	ıme ,				· · · · · · · · · · · · · · · · · · ·		
3/29/20	MI	ARTIN	VILLA	RRE	Al Sig	N5		
Amount (\$)	Payee ac	dress;			City;		State;	Zip Code
814.00	128	DAU	164	BI	20 7	7	1850	20
	Category	' (See Categories list	ed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	ANG	EDTISIN	VG 6	P	SIGNSI	CAD	5/5	HIRTS
		Check if travel outside	of Texas, Complete S	chedule T.	Check if Au	stin, TX, office	holder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholde	r name		Office sought			Office held
Date	Payee na	ame		· . ·				
5/30/20	TV	CEBOO	K					
Amount (\$)	Payee ac	ldress;	-		City;		State;	Zip Code
/1/00.00	1 H	ACKBER	224 U.H	AU ,	MEMO	PAR	K C	² A
•	Category	(See Categories list	ed at the top of this s	omedule)	Description			
PURPOSE OF EXPENDITURE	ADVE	atisin	g		SUCII	92 1.	NEI	014
		Check if travel outside	of Texas. Complete S	chedule T.	Check if Au	istin, TX, office	holder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought	<u>, 1984, 198</u>		Office held
	AT'	TACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS N	EEDED		44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
	,,,			J				

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/Beyerage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/Wages/Contract Labor plains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:		A .	2 511-15 (511-0-151-511-511-511-511-511-511-511-51
5 of 12	ERIC LAIC	GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/20	5 Payee name STAPLE	5	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
427.97	2436 PABLOK.	ISE BRU	TX 78526
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
PURPOSE OF EXPENDITURE	OFFICE EXPLANSE	S TONER/1	PAPER/LABELS
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	A-4	
5/1/20	YAHOO		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	701 1ST AVE	- SUNNYVAL	E CA 94089
	Category (See Categories listed at the top of the	his schedule) Description	
PURPOSE OF EXPENDITURE	ADULRITSING EXP	PENSE SOCIA	AL MEDIA
	Check if travel outside of Texas. Comple	te Schedule T. Check if Aust	tin, 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		
5/5/20	MARTON Vill	ARREAL SIG	WS
Amount (\$)	Payee address;	City;	State; Zip Code
260.00	128 DAVLEY	BRO	TX 78520
	Category (See Categories listed at the top of th	is schedule) Description	
PURPOSE OF EXPENDITURE	ADURTISING	SHIPT	5
	Check if travel outside of Texas. Complete	e Schedule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opticeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

Cradit Card Payment	The Instruction Guide explains how t	es/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ERIC GARZA	4	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/20	5 Payee name MARTIN VILLI	ARREAL S	SANS
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
875.00	128 DANLEY BRO	TX 7852	20
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	- POLITIC	CAL SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/5/20	FACEBOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
450.00	1 HACKERWAY 1.	NENLO PAR	ek CA 94025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	- SOCIAL,	MEDIA
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	n, 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		
3/2/20	FAREBOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
270.00	I HACKBERRY WAY	Mano 1	PARK CA 94025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING	SOCIE	AL MEDIA
	Check if travel outside of Texas, Complete Schedule T.	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	S SCHEDULE AS NEEI	DED

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 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 Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
3/1/20	5 Payee name STAPLES		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
400.00	2436 PABLOKISET	BRO	TX 78524
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING	SUPPLIE	£S
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/3/20	SAMS		
Amount (\$)	Payee address;	City;	State; Zip Code
204.94	3570 W ALTONGLOOK	BRO	TX 78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD GI	VEAWAY SUPPLIES
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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		
3/4/20	GO DADDY		
Amount (\$)	Payee address;	City;	State; Zip Code
18.17	14455 N HAYDEN RO	SCOTTSI	ALE AZ 85240
	Category (See Categories listed at the top of this schedule)	Description	Magazine Art and Control of Contr
PURPOSE OF EXPENDITURE	ADVERTISING GRENGE	WEB	SITE
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City: State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE xas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name City; State; Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categ	gory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME ERIC GAR	224	3 Filer ID (Ethic	cs Commission Filers)	
4 Date 2/24/20	5 Payee name AMAZOW		ALBERTAL SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT OF THE SECTI		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
110.85	440 TERRY AVE	SEATTE	WA		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING X	TONER			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held	
Date	Payee name				
2/25/20	ADOBE				
Amount (\$)	Payee address;	City;	State;	Zip Code	
168.00	345 PARKAVE	SANTOSE	EA	95110	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OFFICE EXPENSE	SOFTU	VARE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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				
5/7/20	BLIP				
Amount (\$)	Payee address;	City;	State;	Zip Code	
300.00	1371 W 1250	OREM	UT	84058	
	Category (See Categories listed at the top of this schedule)	Description	***		
PURPOSE OF EXPENDITURE	ADVERTISING	SOCIA	ME	0112	
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED		

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
		explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ERIC	GARZA	3 Filer ID (Ethics Commission Filers)		
\$ Date /24/20	5 Payee name DE SAT	20 RODNIGUE	<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
6025.00	BOON MAIN	MCAllEN	TX 18501		
8	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	•		
PURPOSE OF	Anuatria				
EXPENDITURE	HUVERISING	COMME	ACIAL MEDIA		
	(C) Check if travel outside a Texas. Cor	mplete Schedule T. Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
6/16/20	FACE BOOK				
Amount (\$)	Payee address;	City;	State; Zip Code		
780.58	1 HACKBERRY	WAY MEMO	PARK CA		
	Category (See Categories listed at the top	of this schedule) Description			
PURPOSE OF	And alices				
EXPENDITURE	HOVERTISING	SOCIAL	MEDIA		
	Check if travel outside of Texas, Con	nplete Schedule T. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
6/11/20	VENTURE X	RENTAL			
Amount (\$)	Payee address;	City;	State; Zip Code		
360.00	222 NEXPU	W BRO	TX 78520		
	Category (See Categories listed at the top of	of this schedule) Description			
PURPOSE OF	01.001 1.1	no and			
EXPENDITURE	KENIHL EXPE	NGE PKESS (CONFERENCE		
	Check if travel outside of Texas. Com	nplete Schedule T. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTAOLLABOROOMA	DIFO OF WILLO OALL			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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/Wades/Contract Labor

Candidate/Officeholder/Politicated Card Payment	al Committee	Legal Services	Salarie	s/Wages/Contract Labor	Other (enter a categ	
ordan darah ayanan		The Instruction G	uide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NA	ERIC	C GA	RZA	3 Filer ID (Ethic	s Commission Filers)
4 Date 4/25/20	5 Payee na	me FACE	BOOK			
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
425.00	1 H	UKBERI	EY WAY	MENL	O PARK	CA
8	(a) Category	/ (See Categories listed at	t the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVE	PTISIN.	ig	SOCIA	h ME	OIA
	(c)	Check if travel outside of tra x	xas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	me	Office sought		Office held
Date	Payee nar	ne				
5/1/20	YA	H00				
Amount (\$)	Payee add	dress;	The state of the s	City;	State;	Zip Code
466.65	701	1ST AV	E 50	MM VAKE	CA	94089
	Category	(See Categories listed at t	he top of this schedule)	Description		•
PURPOSE OF EXPENDITURE	ADVE	et ISING		SOCIA	11 ME	OIA
		Check if travel outside of Texa	as. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder nar	ne	Office sought		Office held
Date	Payee nai	me				
5/22/20	DE	SARO	ROPA	190EZ		
Amount (\$)	Payee add	Iress;		City;	State;	Zip Code
7,230	800	NMAI	N	MCA/KA	177	18501
	Category ((See Categories listed at th	ne top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADE	PETISING	Î	Comm	ERCIAL	5
		heck if travel outside of Texa	ss. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder na	me	Office sought		Office held
	ATT	ACH ADDITIONAL	. COPIES OF THIS	S SCHEDULE AS NEE	EDED	
						

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 Poilling Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed above)		
Creat Card Taymerit	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ERIC GAR	2A	3 Filer ID (Ethics Commission Filers)		
4 Date 5/28/20	5 Payee name THE DATA	GROUP			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
2065,00	3208 COLONIAL DRIV	IE ORLA	NOO FL		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SOCIA/	MEDIA		
	(c) Check if travel outside if Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name f	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Category (346 Categories inster at the top of this sociedate)	Beschpten			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
1.7		•			
DIIDDOCE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
EXI ENDITONE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF		J5 5549111	3		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					