

ERIC GARZA

**SEMI-ANNUAL
REPORT
JANUARY 17, 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: **20**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST ERIC	MI	OFFICE USE ONLY	
	NICKNAME	LAST GARZA	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; PO BOX 4173	APT / SUITE #;	CITY; BROWNSVILLE TX	STATE; TX	ZIP CODE 78520
	Date Received: JAN 17 2023 RECEIVED <i>[Signature]</i> BY: _____ Date Hand-delivered or Date Postmarked: _____				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 551-0155	EXTENSION	Receipt #	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST RICARDO	MI	Amount \$	
	NICKNAME	LAST CORNEJO	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3389 CHARDONNAY DR			STATE; TX	ZIP CODE 78520
	APT / SUITE #; BROWNSVILLE TX				
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 433-7744	EXTENSION	Date Imaged	
9 REPORT TYPE	<input checked="" 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 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 01 / 01 / 2022			THROUGH Month Day Year 12 / 31 / 2022	
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 2024		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) SHERIFF		13 OFFICE SOUGHT (if known) SHERIFF		
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.				
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

1092
9.00

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

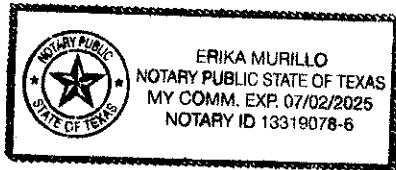
15 C/OH NAME <i>ERIC GARZA</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>46,950.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>1,800.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>15,566.14</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>43,057.09</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>8,950.00</i>

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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *ERIC GARZA* this the *15TH* day of *JANUARY*

20 *23* to certify which witness my hand and seal of office.

[Signature] *Erika Murillo* *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>46,950.00</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>13,766.14</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: 1 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN D FRANZ	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 400 N MCCOY McALLEN TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANA DURAN	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 305 E ELIZABETH BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTO WARRANJO	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 832 ABRAHAMSON DR BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILBERT GONZALEZ	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 120 TWINLEAF SAN ANTONIO TX		
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: 2 OF 10
2 FILER NAME ERIC BANZA		3 Filer ID (Ethics Commission Filers)
4 Date 8/3/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAIIME ESCOBEDO	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 55 GALONSKI BRO TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE SALAZAR	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1460 N EXPWY 83 BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER VILLARREAL	Amount of contribution (\$) 1,500.00
Contributor address; City; State; Zip Code 2401 WILDFLOWER BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BRUNTON	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4120 COMMERCIAL DR AUSTIN TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 3 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALEEM CHUGHTAI	7 Amount of contribution (\$) 2500.00
6 Contributor address; City; State; Zip Code 2686 WALTON 9/00R BRO TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH ROSENSTEIN	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO BOX 6425 NORTH LOGAN UT		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFERY HANNES	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 2412 PASEO DEL LAGO MISSION TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE EBELT	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3334 WOODS EDGE SPRING TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEARGIO MARTINEZ	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 34 SAN FRANCISCO BRO TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REY ESQUIVEL	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1009 FAIRPARK HGN TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA RIVERA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 202 E INDUSTRIAL WAY LAFERIA TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED KOWALSKI	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 902 E MADISON BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOFIA @ BENAVIDES	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 4090 RETAMA DR BRO TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPHAT ESCOBEDO	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4430 E 74TH ST BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSAURA CANTU	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 150 UPTOWN AVE BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA E SOLIS	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1835 DON QUIXOTE BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 6 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUFINO GARZA	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 3609 W PALMA VISTA PALMVIEW TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEEROY GONZALES	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO BOX 5136 BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN D GUEVARA	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 35 PROVIDENCIA CT BRO TX		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 8/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY AGADO	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO BOX 3235 HJN TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 7 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS R CANALES	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 845 E HARRISON BRO TX		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 9/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBERTO ALMEIDA	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1134 E LOS EBANOS BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE SALAZAR	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 611 E LOOP 499 HGN TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL LOPEZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1106 E 7TH BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 8 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL RHYAN	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 8538 N US Hwy 281 ROUND MOUNTAIN TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAFAEL MATA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1040 E 7TH BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN RICK ALEMAN	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 717 W ASHBY SAN ANTONIO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER RIVERA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1126 PLANETA BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 9 OF 10
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER GARZA	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 902 MADISON BRO TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAIME ESCOBEDO	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 55 GALONSKI BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELENA GARZA	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 1354 NL 1604 E SAN ANTONIO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER AGUIRRE	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 302 Kings Hwy BRO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 OF 10

2 FILER NAME

ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/22

5 Full name of contributor out-of-state PAC (ID#: _____)

FIGHTING FOR SOUTH TEXAS PAC

6 Contributor address; City; State; Zip Code

121 N 10TH ST McALLEN TX

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/22

Full name of contributor out-of-state PAC (ID#: _____)

JUAN MANUEL MARTINEZ

Contributor address; City; State; Zip Code

554 E JACKSON BRO TX

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/9/22

Full name of contributor out-of-state PAC (ID#: _____)

JOHN SHANNON

Contributor address; City; State; Zip Code

501 BRAHAM RD College Station TX

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

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: <i>1 OF 7</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/22</i>	5 Payee name <i>HOME DEPOT</i>	
6 Amount (\$) <i>78.83</i>	7 Payee address; City; State; Zip Code <i>605 W MORRISON BRO TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<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 <i>11/10/22</i>	Payee name <i>SAMS CLUB</i>	
Amount (\$) <i>209.56</i>	Payee address; City; State; Zip Code <i>3570 W ATLOW G/00R BRO TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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>11/2/2022</i>	Payee name <i>MARSHALLS</i>	
Amount (\$) <i>129.89</i>	Payee address; City; State; Zip Code <i>2850 PABLO RISEL BRO TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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: <i>2 of 7</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/29/22</i>	5 Payee name <i>TEXAS DEMOCRATIC PARTY</i>	
6 Amount (\$) <i>1,326.00</i>	7 Payee address; City; State; Zip Code <i>PO BOX 15707 AUSTIN TX 78761</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 <i>11/28/22</i>	Payee name <i>BEST BUY</i>	
Amount (\$) <i>316.18</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>ADVERTISING EXP</i>	<i>TONER</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>11/16/22</i>	Payee name <i>WAL-MART</i>	
Amount (\$) <i>927.43</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>EVENT EXPENSE</i>	<i>TURKEYS</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

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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: <i>3 OF 7</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/20/22</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>180.00</i>	7 Payee address; City; State; Zip Code <i>1535 E LOS EBANOS BRO TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	(b) Description <i>POSTAGE</i>
	(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 <i>9/19/22</i>	Payee name <i>SAMS</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>3570 W ALTON 9/1002 BRO TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>CLUB RENEWAL</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>9/15/22</i>	Payee name <i>USPS</i>	
Amount (\$) <i>180.00</i>	Payee address; City; State; Zip Code <i>1535 E LOS EBANOS BRO TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>POSTAGE</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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <i>4 of 7</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/25/22</i>	5 Payee name <i>WAL-MART</i>	
6 Amount (\$) <i>198.77</i>	7 Payee address; City; State; Zip Code <i>3570 W ALTON GLOOR BRO TX</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description <i>HALLOWEEN CANDIES</i>
	(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 <i>10/11/22</i>	Payee name <i>BROWNSVILLE GOLF CENTER</i>	
Amount (\$) <i>1,200.00</i>	Payee address; City; State; Zip Code <i>1800 W SAN MARCELO BRO TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>TOURNAMENT</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>10/3/22</i>	Payee name <i>GUADALUPE P. GARZA</i>	
Amount (\$) <i>4,050.00</i>	Payee address; City; State; Zip Code <i>615 PARRAL ST BRO TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>LOAN REPAYMENT</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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <i>5 of 7</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/22</i>	5 Payee name <i>BEST BUY</i>	
6 Amount (\$) <i>108.24</i>	7 Payee address; City; State; Zip Code <i>2701 PABLO KISEL BRO TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	(b) Description <i>ENVELOPES</i>
	(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 <i>11/1/22</i>	Payee name <i>SAMS CLUB</i>	
Amount (\$) <i>65.09</i>	Payee address; City; State; Zip Code <i>3570 W ALTON 9/002 BRO TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>THANKSGIVING</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>10/27/22</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>818.15</i>	Payee address; City; State; Zip Code <i>1 HACKERWAY MENLO PARK CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <i>6 of 7</i>	2 FILER NAME <i>ERIC BANZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/13/22</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>378.00</i>	7 Payee address; City; State; Zip Code <i>1535 E LOS EBANOS BPO TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>POSTAGE</i>
	(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 <i>10/19/22</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>1,500.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</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>11/15/22</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</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

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SCHEDULE F1

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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: <i>7 of 7</i>	2 FILER NAME <i>ERIC GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-10-22</i>	5 Payee name <i>FACEBOOK</i>	
6 Amount (\$) <i>1,000.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	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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