ERIC GARZA

SEMI-ANNUAL REPORT JANUARY 16, 2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					
The C/OH Instruction C	3uide explains how	to complete this form.	1 Filer ID (Ethics Commission	n Filers) 2 Total pa	ages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	ERIC	MI		FICE USE ONLY
IVAIVIE	NICKNAME	LAST GARZ	SUFFI	X Panana	JUSTONION ENCERTONIST EDUNOONNIY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	S; APT/SUITE#; C OX 4/13 (A/S/1/18)	CITY; STATE; ZIP CO		N 1 6 2024 L 3:13PM
Change of Address	LIEUN	10301116 11		$-$ L $_{-}$ $_{A}$	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	55/ 0/53	EXTENSION	Bate Hand d	ativace or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	PICARI	00	Date Process	
10 101	NICKNAME	LAST DANE	SUFFI	Date Imaged	1
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI			ATE; ZIP CODE
(Residence or Business)	3389 (ZHAR DONNA	W DR BU	20WASVI)	E TX 78321
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 423 774	EXTENSION	-0001	
	1/2/10 '		<u></u>		
9 REPORT TYPE	January 15	30th day before ei	lection Runoff	trea:	n day after campaign surer appointment iceholder Only)
	July 15	8th day before ele	ction Exceeded Mo Reporting Lim	/ ""	al Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month Day	Year
	07	101/23	THROUGH	7/3//	23
11 ELECTION	ELECTION DA	Primary	ELECTIC Othe	ON TYPE	}
	Month Day	. / -	Desc	cription	
	15/09/	Z4 General	Special		
12 OFFICE	OFFICE HELD (if any)	art	13 OFFICE SOUGHT	(if known)	
	5114	e of the second		EKIPT.	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDI IS MAY HAVE BEEN MADE WITHOUT I RED TO REPORT THIS INFORMATION	THE CANDIDATE'S OR OFF	FICEHOLDER'S KNOWLEDGE OR
00111111112(0)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	WARRANCE WAR	GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ERIC	GARZ,	4	16 File	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES		L CONTRIBUTIONS (OTHER NTEES OF LOANS, OR RONICALLY)	THAN	\$	
		OLITICAL CONTRIB HAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LO	DANS)	\$ /7	300.00
EXPENDITURE TOTALS	3. TOTAL UN	ITEMIZED POLITICAL	EXPENDITURE.		\$ 12,	300.00 458.91
	4. TOTAL PO	OLITICAL EXPENDIT	TURES		\$ 4/6,5	574.67
CONTRIBUTION BALANCE	1	LITICAL CONTRIBUTION PERIOD	ONS MAINTAINED AS OF TH	HE LAST DAY	\$38,	302.33
OUTSTANDING LOAN TOTALS	1	INCIPAL AMOUNT OF OF THE REPORTING	ALL OUTSTANDING LOANS PERIOD	AS OF THE	\$ 8,9	150.00
	swear, or affirm, under quired to be reported by		at the accompanying report ection Code.	is true and co	rrect and incli	udes all information
			Signature	or odnostal	or Officeholde	er
		Please compl	ete either option b	elow:		
(1) Affidavit	Notary Pu	JA CISNEROS blic, State of Texas xpires 12-15-2024 IO 126167351				
Sworn to and subscribed	before me by	ric Garza) this	s the <u>16</u> th	_ day of _	lanuary.
	which, witness my hand	I and seal of office.		:%.		
Signature of officer administe	ring oath	Printed name of office	er administering oath		Title of officer	administering oath
			OR			
(2) Unsworn Declaration	on					
My name is			, and my date of b	irth is		*
My address is					/min cods)	/aarrens
Executed in	(street)County, Stat		(city) _ , on the day of (, ,	(zip code) , 20 (year)	(country)
			Signature of (Candidate/Offic	eholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME EPIC GAARTA 20 Filer ID (Ethics Con	mmission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,300.00				
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	\$34,/15.76				
6.	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

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 FILER NAME	ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 0/3/23	5 Full name of contributor out-of-state PAC PATRICK DEAN 0.6 Contributor address; City; 163 SHORELINE BR8	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
12/7/23	Contributor address; City; 3705 COTTONTAIL BRU	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
142923	Contributor address; City; 4680 LANKSPUR BRO	State; Zip Code XI 78520	5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1114/23	Contributor address; City;	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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 thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	ERIC GA	IRZA	,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
11/13/23	6 Contributor address;	<i>12641V</i> City;	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
/2/20/23	Contributor address;		State; Zip Code	5,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
11/13/23	Contributor address;	City;	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/21/23	Contributor address;	City;	State; Zip Code	3000.00
Bringing! occur	SQB MYSTIC 13 pation / Job title (See Instructions)	END BL	U V 78510 Employer (See Instruc	tions\
Fillicipal occup	audit 7 Job line poee instructions)		Employer (See instruc	uons)

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	1 Total pages Schedule A1:		
2 FILER NAME	ERIC G	ARZA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ANDREW 6 Contributor address;	out-of-state PAC	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date [2/21/23	Full name of contributor PUSCIMA Contributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$) Z ₁ 000.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		; (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	**************************************	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
:	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	and the state of t	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City: State: Zip Code 3570 WALTON GLAIR Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
4 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	•	complete this form.	2 Files ID (Fibine Commission Files)		
1 Total pages Schedule F1:	ENIC GI	MZA	3 Filer ID (Ethics Commission Filers)		
4 Date ////4/23	5 Payee name WAL-MART				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
718.58		BRO	TX 18520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	EVENT EXDENSE	TURKE	EY GIVEAUAY		
	(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				
9/11/23	TRACTOR SUPPLY	/			
Amount (\$)	Payee address;	City;	State; Zip Code		
3517.13		SANBENI	77 TR		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVENTISING EXPENSE				
	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				
11/14/23	SAMS CLUB				
Amount (\$)	Payee address;	City;	State; Zip Code		
932.78	25- 10 Almal Proces	DAG	VI 10570		
	25 10 WALTON GROOK	DIO DIO	_ N /DUAU		
	Category (See Categories listed at the top of this schedule)	Description	N JOSE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SHANT EXPENSE	Description TURA	KEY GIVEAWAY		
OF	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	TURK	KEY GIVEAWAY n, TX, officeholder living expense		
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	TURK	n, TX, officeholder living expense Office held		

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Zip Code Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name City: State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; State; Zip Code 7 Payee address: (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name ITTLE CAESAR Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Zip Code Pavee address Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE**

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) ant Expense Loan Repayment/Reimbursemann

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 Seleries/Menes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment	·	Nages/Contract Labor Oth	aver Out Of District ner (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ERIC GAR	ZA 3 F	Filer ID (Ethics Commission Filers)
4 Date 8/14/23	5 Payee name NETH		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,000.00	/ HACKEER WAY !	NENLO PAL	K CA
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/16/23	G009/E		
Amount (\$)	Payee address;	City;	State; Zip Code
2,000,00	1600 AMPHITHEATRE	MOUNTA	NVIEW CA
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		
	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
Date	Payee name		
8/25/23	CASPIO		
Amount (\$)	Payee address;	City;	State; Zip Code
2,000.00	1286 KIFER RD	SUNWWAR	LE CA 94086
	Category (See Categories listed at the top of this schedule)	Description	·
PURPOSE OF EXPENDITURE	ADVENTISING EXPENSE	DATAG	BE
	Check if travel outside of Texas, Complete 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDEL)

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
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	l 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:	2 FILER NAME ERIC (BARZA	3 Filer ID (Ethics Commission Filers)		
4 Date /1/14/23	5 Payee name AMELON	DUNTY DEN	NICLATE PARTY		
6 Amount (\$)"	7 Payee address;	City;	State; Zip Code 🖊		
8	(a) Category (See Categories listed at the top of t	his schedule) (b) Description			
PURPOSE OF EXPENDITURE	FEES EXPENSE	Rb91571	nation tee		
	(C) Check if travel outside of Texas. Comple	te 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				
9/7/23	MARTIN VI	11ARREAL			
Amount (\$)	Payee address;	City;	State; Zip Code		
500.00					
	Category (See Categories listed at the top of the	is schedule) Description			
PURPOSE OF EXPENDITURE	ADVERTISING BY	ENSE SIGN	IS .		
	Check if travel outside of Texas. Complete	e Schedule T. Check if Aust	in, TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/24/23	BLANCA (CHAVEZ			
Amount (\$)	Payee address;	City;	State; Zip Code		
Arhount (\$) 4,000.00					
	Category (See Categories listed at the top of the	is schedule) Description			
PURPOSE OF EXPENDITURE	Apventising Exper	INSE SIGN	VS		
	Check if travel outside of Texas. Complete	e 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 SCHEDULE AS NEEDED					

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 Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$ 7 Payee address; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pavee address State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Citv: State: **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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/Menes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor Italins how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ERIC (SANZA	3 Filer ID (Ethics Commission Filers)
4 Date ///7/23	5 Payee name HOOTSU	ITE	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of ADVICE STATES COMPLETE STAT	XPENE	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/10/23	SPROUT S	ROCIAL	
Amount (\$)	Payee address;	City;	State; Zip Code
1,750.00	1315 DEARBO	RN CHICAG	0 14
PURPOSE OF EXPENDITURE	ADUSTASTING E	Description	
	Check if travel outside of Texas. Complete		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/1/23	Payee name METH		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	is schedule) Description	
	Check if travel outside of Texas, Complete	e Schedule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE	DED

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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political Credit Card Payment		Nages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ERIC CAR	ZA	3 Filer ID (Ethics Commission Filers)
4 Date /0//23	5 Payee name BLIP		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,000.00	265 N MAIN KAY	sville	VT
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENS	E	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/28/23	FALEBOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
1,000.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVENTISING EXPENS	E	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/28/23	FACE BOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
1,250.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADULATISING EXPLA	E	
Tangan day	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 NEI	EDED