EDELMIRO GARCIA

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR ΜI OFFICE USE ONLY **OFFICEHOLDER** Edelmiro NAME NICKNAME LAST SUFFIX CAMERON COUNTY Eddie **DEPARTMENT OF ELECTIONS &** Garcia **VOTER REGISTRATION** ADDRESS / PO BOX; 4 CANDIDATE / APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 3459 Chardonav Dr. Brownsville, TX 78526 MAILING **ADDRESS** Change of Address PHONE NUMBER 5 CANDIDATE/ AREA CODE EXTENSION **OFFICEHOLDER** (956 956-407-9782 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN MI TREASURER Mr Ricardo Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Rick Canales STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN STATE: ZIP CODE TREASURER 845 E. Harrison Suite B Brownsville, 78521 TX **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER PHONE** (956 546-7766 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Day Year Year COVERED 31 24 24 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Description General Special 24 OFFICE HELD (If any) 12 OFFICE 13 OFFICE SOUGHT (If known) BISD Trustee Pice 7 Cameron County Tax Asssesor-Collector 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Edelmiro "Eddie" Garcia			(Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	4	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,750.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	9	B		
	4. TOTAL POLITICAL EXPENDITURES	\$	2,822.30		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	F DAY \$	2,433.34		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	12,000.00		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correc	and includes all information		
rec	quired to be reported by me under Title 15, Election Code.	1			
	72	L	National Control of the Control of t		
		 			
	Signature of Cano	didate of t	Jilicenolder		
	**				
	Please complete either option below:	!			
	JESSICA CASAF	REZ			
(1) Affidavit					
	Comm. Expires 06-10 Notary ID 132516				
NOTARY STAMP/SEAL		ليسي			
		i j v	Ē 1		
Sworn to and subscribed	before me by <u>Edelmiro Moveno Garcia</u> this the <u>I</u>	4_ d	lay of 1 lbruary,		
20 24, to certify	which, witness my hand and seal of office.				
ywc _	Jessica Casarez	1ex	as Notary		
Signature of officer administer	ring oath Printed name of officer administering oath	Tit	le of officer administering oath		
	OR				
(2) Unsworn Declaration	on				
My name is	, and my date of birth is				
	,	444	*		
	(street) (city) (sta	ate) (zip	code) (country)		
Executed in	County, State of, on the day of(month)		20		
	(month)		(year)		
	Signature of Candidat	te/Officeho	lder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Edelmiro "Eddie" Garcia		mmiss	sion Fllers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,750.00
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		\$	2,822.30
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 CO	NTRIBUTIONS	\$	
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.

	Page 1		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Edelmiro	"Eddie" Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
01/05/2024	6 Contributor address; City; State; Zip Code	1,000.00	
	4314 S Conway Mission, TX 78572	1,000.00	
8 Principal occu Land Develor	per 9 Employer (See Instructions) Per	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
01/11/2024	Joe Salazar		
01/11/2024	Contributor address; City; State; Zip Code	2,000.00	
	611 E Loop 499 Harlingen, TX 78550	,	
Principal occup Law Firm	pation / Job title (See Instructions) Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:	.) Amount of contribution (\$)	
01/23/2024	Victorious Group	252.00	
UIIZUIZUZT	Contributor address; City; State; Zip Code	250.00	
	2407 Old Spanish Trail Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)) Amount of contribution (\$)	
04/24/2024	Cindy Jimenez	500.00	
01/31/2024	Contributor address; City; State; Zip Code	500.00	
	225 Tennessee Washington D.C. 200002		
Principal occup Consultant	pation / Job title (See Instructions) Employer (See Instru	actions)	

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 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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District Legal Services 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) Edelmiro "Eddie" Garcia 2 5 Payee name 4 Date 01/02/2024 Fiesta Graphics 6 Amount (\$) 7 Payee address: City: Zip Code State: 205 Paredes line Brownsville 78521 TX 1,028.36 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Advertising Expenses Signs **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, 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 Date 01/10/2024 Fiesta Graphics Amount (\$) Payee address; City; State; Zip Code 205 Paredes line Rd Brownsville, TX 78521 541.24 Category (See Categories listed at the top of this schedule) Description Advertising Expenses Signs PURPOSE OF EXPENDITURE Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 01/16/2024 281 Saloon Amount (\$) Payee address; City; State: Zip Code 1355 Military Rd Brownsville. 78520 TX 649.50 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Food EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (prins a contract published above)

Legal Services 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) Edelmiro "Eddie" Garcia 2 4 Date 5 Payes name 01/18/2024 Simply Signs 6 Amount (\$) 7 Payee address; City; State: Zip Code 1005 Grey Fox Circle Brownsville TX 78520 208.92 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expenses Push Cards PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 01/24/2024 Fiesta Graphics Amount (\$) Pavee address: City; State: Zip Code 205 Paredes line Rd Brownsville, ŤΧ 78521 384.28 Category (See Categories listed at the top of this schedule) Description Advertising Expenses Signs PURPOSE OF EXPENDITURE Check if travel outside of Texas, Comolete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 01/31/2024 Plains Capital Bank Amount (\$) Payee address; City: Zip Code State: PO Box 271 Lubbock TX 79408 10.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Bank Fees Service Charge EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED