# EDELMIRO GARCIA

CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1		
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filter ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST Edelmiro	, MI	OFFICE USE ONLY		
NAME	NICKNAME Eddie	Carcia	SUFFIX	Date Received  CAMERON COUNTY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 3459 Chardo		DEPARTMENT OF ELECTIONS & VOTER REGISTRATION FER 2 6 2024			
Change of Address				<b>~</b> .)		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956 )	PHONE NUMBER 956-407-9782	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR Mr	FIRST Ricardo	Mi	Receipt # Amount \$		
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	Rick	Canales	0011 %	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 845 E. Harris		suite #; city; ite B Brownsville,	STATE; ZIP CODE TX 78521		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 956 )	PHONE NUMBER 546-7766	EXTENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day Year  / 26 / 24	THROUGH 2	Day Year / 24 / 24		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	y Runoff Other Description			
	3 / 5 /	<b>24</b> Genera				
12 OFFICE	OFFICE HELD (If any) BISD Trust		13 OFFICE SOUGHT (If known Cameron County 7	ax Asssesor-Collector		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

	<u> </u>			
15 C/OH NAME Edelmiro "Eddie" Gar	cia		16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, C	POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	THAN	\$ 2,200.00
	2. TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS BES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 3,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURE.		\$
. ,	4. TOTAL POLITICAL I	EXPENDITURES		\$ 2,535.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF REPORTING PERI	ONTRIBUTIONS MAINTAINED AS OF TH	IE LAST DAY	\$ 3,407.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AN LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS	AS OF THE	\$ 12,000.00
18 SIGNATURE I s	wear, or affirm, under penalty of p	perjury, that the accompanying report	is true and co	rrect and includes all information
	uired to be reported by me under 1		2 n	
		<b>\</b>	5 / /	
			Z	
		Signature	of Candidate	or Officeholder
•				
			_	
	Please	complete either option be	elow:	
(1) Affidavit	Notary Public Comm. Expi	A CASAREZ c, State of Texas ires 06-10-2024 132516375		
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by <u>CALIMIYO</u>	Moreno Garcia His	the <u>26</u>	day of February,
20 7 , to certify v	vhich, witness my hand and seal of	/ N		
Cherc	Jes	sica Lasarez		Texas Notary
Signature of officer administer	ing oath Printed na	me of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaration	n			
(,				
My name is		, and my date of bi	rth is	
,	(street)	(city)		(zip code) (country)
Executed in	County State of	on the doubt	(state)	nan (country)
Enouge III	Ounty, State of	, on the day of	month)	_, ∠∪ (year)
		Signature of C	andidate/Office	eholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	RNAME niro "Eddie" Garcia	20 Filer ID (Ethics Co	mmiss	ion Filers)
	EDULE SUBTOTALS E OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	I. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,535.89
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 FUN	NDS	\$	
10.	0. 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 CONTRIBUT TO FILER	IONS RETURNED	\$	

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide cyplains how to complete the		1 Total pages Schedule A1:
2 FILER NAME	Instruction Guide explains how to complete thi "Eddie" Garcia	s torm.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Cindy Jimenez		7 Amount of contribution (\$)
01/31/2024	6 Contributor address; City; 225 Tennessee Washington	State; Zip Code D.C. 20002	500.00
8 Principal occu Consultant	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/16/2024	Contributor address; City: 424 Yucca Ave McAllen,	State; Zip Code TX 78504	1,000.00
	pation / Job title (See Instructions) ed-Consultant	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG  Lowry Family Holdings	C (ID#:)	Amount of contribution (\$)
02/16/2024		State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
02/16/2024	Contributor address; City; 611 E Loop 499 Harlinger	State; Zip Code	1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

***	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Edelmiro	"Eddie" Garcia		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,200.00
5 Date 02/03/2022	Tony Flores	)	8 Amount of Contribution \$ In-kind contribution description 2,200.00   Meet & Greet
·	7 Contributor address; City; State; 740 Toledo Brownsville, TX 78	Zip Code	Event
			Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)  Police Officer	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	, , , , , , , , , , , , , , , , , , ,		
Dete	Full name of contributor	)	A
Date			Amount of In-kind contribution description
	Contributor address; City; State;	Zip Code	! 
		***************************************	l Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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 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)

Purpose   (e)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	Credit Card Payment	The Instruction Guide explains how to	complete this form.			
Plains Capital Bank   Plains Capital Bank   Playee address;   Chy;   State;   Zip Code						
The purpose of an annual state of the second s		I ". F				
P.O. Box 271  Lubbpck TX 79408  8 PURPOSE OF EXPENDITURE  (e) Category (See Categories Risted at the top of this schedule) Bank Fees  (c) Check if reveal outside of Toxas. Complete Schedule T.  Candidate / Office holder name  Candidate / Office holder name  OZ/12/2024  Payee name  Payee address; City; State; Zip Code  Brownsville, TX 78521  Category (See Categories Risted at the top of this schedule) Advertising Expenses  Candidate / Office holder name  OZ/13/2024  PURPOSE OF EXPENDITURE  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Candidate / Office holder name  OZ/13/2024  Payee address; City; State; Zip Code Brownsville, TX 78521  Category (See Categories Risted at the top of this schedule)  Candidate / Office holder name  OZ/13/2024  Payee address; City; State; Zip Code Candidate / Office holder name  OZ/13/2024  Fiesta Graphics  Amount (S) Payee address; City; State; Zip Code Brownsville  TX 78521  Category (See Categories Risted at the top of this schedule)  OZ/13/2024  Purpose OF EXPENDITURE  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Category (See Categories Risted at the top of this schedule)  Check If Aualin, TX, officeholder Riving expense  Office sought  Office sought  Office sought  Office held						
Complete ONLY if direct	6 Amount (\$)		•	,	•	
PURPOSE EXPENDITURE    Complete ONLY if direct expenditure to benefit C/OH    Candidate / Office holder name   Office sought   Office holder living expense	10.00	P.O. Box 271	Lubbpck	TX	79408	
Complete ONLY if direct expenditure to benefit C/OH	В	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***************************************		
Date  Oliver Complete ONLY if direct expenditure to benefit C/OH  Date  O2/12/2024  Amount (\$)  Payee address;  Category (See Categories listed at the top of this schedule)  Payee name  Candidate / Office holder name  Office sought  Office hold  Payee name  Fiesta Graphics  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Complete ONLY if direct expenditure to benefit C/OH  Date  O2/13/2024  Payee name  Payee name  Fiesta Graphics  Amount (\$)  Payee address;  Candidate / Officeholder name  O2/13/2024  Fiesta Graphics  Amount (\$)  Payee address;  O5 Paredes Line  Category (See Categories listed at the top of this schedule)  Date  O2/13/2024  Fiesta Graphics  Amount (\$)  Payee address;  Complete Schedule T.  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Complete ONLY if direct  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	OF	Bank Fees	Service Charge			
Payee name    Date		(c) Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder liv	ring expense		
Amount (\$) Payee address; City; State; Zip Code  81.92	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office held	
Amount (\$) Payee address; 205 Paredes line Rd Brownsville, TX 78521  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Advertising Expenses  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Payee address; Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held  Payee address; City; State; Zip Code officeholder name  Office sought  Office held  Category (See Categories listed at the top of this schedule) Brownsville TX 78521  Category (See Categories listed at the top of this schedule) Advertising Expenses  Check if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule) Signs  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Date	Payee name				
205 Paredes line Rd Brownsville, TX 78521  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Advertising Expenses  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  O2/13/2024  Fiesta Graphics  Amount (\$) Payee name  Payee address; City; State; Zip Code Brownsville  TX 78521  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Advertising Expenses  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule) Advertising Expenses  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	02/12/2024	Fiesta Graphics				
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held  Payee name  Payee name  Fiesta Graphics  Amount (\$)  Payee address;  205 Paredes Line  Category (See Categories listed at the top of this schedule)  Purpose of Expenditure  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Date  02/13/2024  Amount (\$) 119.07  Purpose OF EXPENDITURE  Candidate / Office bolder name  Candidate / Office holder name  Candidate / Office holder name  Candidate / Office holder name  Office sought  Office sought  Office hold	681.92	205 Paredes line Rd	Brownsvi	ille, TX	78521	
Complete ONLY if direct expenditure to benefit C/OH  Payee name  O2/13/2024  Amount (\$)  Payee address;  205 Paredes Line  Category (See Categories listed at the top of this schedule)  Advertising Expenses  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held			Description	alterna di Maria di Araba di A	***************************************	
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held	OF	Advertising Expenses	Signs			
Date  Date  Date  Payee name  O2/13/2024  Fiesta Graphics  Amount (\$)  Payee address;  205 Paredes Line  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Office held		Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder living expense			
Payee address; 205 Paredes Line  Category (See Categories listed at the top of this schedule) Advertising Expenses  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Office held			Office sought		Office held	
Amount (\$) 119.07  Payee address; 205 Paredes Line  Category (See Categories listed at the top of this schedule) OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  City; State; Zip Code TX 78521  Description Signs  Check if Austin, TX, officeholder living expense	Date	Payee name				
119.07  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  Brownsville  Description Signs  Check if Austin, TX, officeholder living expense Office sought  Office held	02/13/2024	Fiesta Graphics				
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising Expenses  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						
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  Signs  Check if Austin, TX, officeholder living expense  Office sought  Office held	119.07	205 Paredes Line	Brownsville	TX	78521	
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		Category (See Categories listed at the top of this schedule)	Description			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held	OF	Advertising Expenses	Signs			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livi	ing expense	
			Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL CORIES OF THIS	SCHEDIII E AS NEE	DED		

# 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 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 shove)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Edelmiro "Eddie" Garcia	3 Filer ID (Ethics Commission Filers)			
4 Date 02/14/2024	5 Payee name WIX.com				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
10.71	Yunitsman LTD 5	Tel Aviv	Israel		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Address of the Addres		
PURPOSE OF EXPENDITURE	Advertisement	Website			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name 님	Office sought	_	Office held	
Date	Payee name				
02/14/2024	WiX.com				
Amount (\$)	Payee address;	City;	State;	Zip Code	
376.71	Yunitsman LTD 5	Tel Aviv	Israel		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Website			
	Check if travel outside of Texas. Complete Schedule T.	in, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		Annual Control of the		
02/16/2024	William Franco				
Amount (\$)	Payee address;	City;	State;	Zip Code	
800.00	254 Applewood	Brownsville	TX	78521	
	Category (See Categories listed at the top of this schedule)	Description		A CONTRACTOR OF THE CONTRACTOR	
PURPOSE OF EXPENDITURE	Advertising Expenses	Signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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 NEE	EDED		

# 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 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/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to		Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Edelmiro "Eddie" Garcia	3	Filer ID (Ethi	ics Commission Filers)
4 Date 02/20/2024	5 Payee name C&C Wings			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
206.00	2024 Central Blvd	Brownsville	TX	78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event	Food For		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, 7	TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	,	Office held
Date	Payee name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
02/20/2024	Chilis			
Amount (\$)	Payee address;	City;	State;	Zip Code
236.72	1725 W. Tyler	Harlingen	TX	78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event	Pescription Food BW		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, T	X, officeholder livin	ıg expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/23/2024	Big Daddy's			
Amount (\$)	Payee address;	Clty;	State;	Zip Code
94.76	500 E Morrison	Brownsville	TX	78526
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event	Food For		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	g 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 NEEDF	ED .	White the state of