


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> Carlos FIRST MI L. NICKNAME LAST SUFFIX GARCIA	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5592 Birders CV Brownsville, TX 78526 <input type="checkbox"/> Change of Address	Date Received 	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-2935	Date Hand-delivered or Date Postmarked 3/27/2024 2:00 pm	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> Carlos FIRST MI L. NICKNAME LAST SUFFIX GARCIA	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5592 Birders CV Brownsville, TX 78526	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-2935	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Month Day Year 01 / 29 / 2024 THROUGH 03 / 27 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>CARLOS L. GARCIA</u>		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)	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>20,350.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,744.90</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9,605.10</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,000.⁰⁰</u>

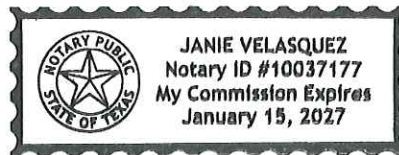
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carlos L. Garcia

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carlos L. Garcia this the 27 day of March, 2024, to certify which, witness my hand and seal of office.

Janie Velasquez Janie Velasquez 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)

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: <i>1/4</i>
2 FILER NAME <i>CARLOS L GARCIA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ralph + Susan Cowen</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>[REDACTED] Brownsville, TX 78526</i>		✓
8 Principal occupation / Job title (See Instructions) <i>RESTAURANT</i>		9 Employer (See Instructions) <i>—</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M+M MORNING - MARK CLIVE</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] Brownsville, TX 78528</i>		✓
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>M+M MORNING COMPANY</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MICHAEL TREJO</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] HARLINGEN, TX 78552</i>		✓
Principal occupation / Job title (See Instructions) <i>OWNER - AT TOWING</i>		Employer (See Instructions) <i>AT TOWING</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ABEL GONZALES</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] Brownsville, TEXAS</i>		✓
Principal occupation / Job title (See Instructions) <i>OWNER / CO-OWNER</i>		Employer (See Instructions) <i>GETT PAVING</i>

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: 2/6
2 FILER NAME CARLOS L GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT GONZALES	7 Amount of contribution (\$) \$500.00 ✓
6 Contributor address; City; State; Zip Code [REDACTED] Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions) Co-Owner		9 Employer (See Instructions) RML Hauling & Milling
Date 2/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE ROY GONZALES	Amount of contribution (\$) \$500.00 ✓
Contributor address; City; State; Zip Code [REDACTED] Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) RML Hauling & Milling's
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENTON SCHAEFER	Amount of contribution (\$) \$2,100.00 ✓
Contributor address; City; State; Zip Code [REDACTED] Bville, TX 78521		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SCHAEFER STEVEDORE
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolas Schaefer	Amount of contribution (\$) \$2,000.00 ✓
Contributor address; City; State; Zip Code [REDACTED] Brownsville TX 78523		
Principal occupation / Job title (See Instructions) STEVEDORE		Employer (See Instructions) SCHAEFER STEVEDORE

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: 3/4

2 FILER NAME CARLOS L. GARCIA

3 Filer ID (Ethics Commission Filers)

4 Date 2/21/24 5 Full name of contributor out-of-state PAC (ID#): _____

DAVID FLORES

7 Amount of contribution (\$) \$500.00 ✓

6 Contributor address; City; State; Zip Code

[REDACTED] Brownsville, TX 77801

8 Principal occupation / Job title (See Instructions)

OWNER/MANAGER

9 Employer (See Instructions)

AISI

Date 2/22/24 Full name of contributor out-of-state PAC (ID#): _____

Conchulupe Ochoa

Amount of contribution (\$) \$500.00 ✓

Contributor address; City; State; Zip Code

[REDACTED] Brownsville, TX 77801

Principal occupation / Job title (See Instructions)

SEMPLETER

Employer (See Instructions)

SELF-EMPLOYED

Date 2/23/24 Full name of contributor out-of-state PAC (ID#): _____

Ruben Rubio Jr.

Amount of contribution (\$) \$500.00 ✓

Contributor address; City; State; Zip Code

[REDACTED] Brownsville, TX 77826

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SELF-EMPLOYED / Rubio Trucking

Date 2/23/24 Full name of contributor out-of-state PAC (ID#): _____

Dr. O. Rubio Trucking

Amount of contribution (\$) \$300.00 ✓

Contributor address; City; State; Zip Code

[REDACTED] Brownsville, TX 77826

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SELF-EMPLOYED

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: **4/4**

2 FILER NAME **CARLOS L. GARCIA**

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

2/26/24

JAVIER VERA

\$ 250.00

6 Contributor address; City; State; Zip Code

[REDACTED] PAMATO VIEJO, TX 78571

8 Principal occupation / Job title (See Instructions)

Accountant

9 Employer (See Instructions)

ROSEN & COWEN LOGISTICS

Date

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

Amount of contribution (\$)

2/27/24

FRED ARIAS

\$ 500.00

Contributor address; City; State; Zip Code

[REDACTED] BROWNVILLE, TX 78526

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/1/24

EDUARDO + MELINCH RODRIGUEZ

\$ 250.00

Contributor address; City; State; Zip Code

[REDACTED] PAMATO VIEJO, TX 78575

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/2/24

JOSEY BECKMEYER

\$ 1,000.00

Contributor address; City; State; Zip Code

[REDACTED] PAMATO VIEJO, TX 78575

Principal occupation / Job title (See Instructions)

COMMUNICATIONS ENGINEER

Employer (See Instructions)

ON POINT GROUP

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: 5/6
2 FILER NAME CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEY BECKER	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED] RANCHO VIEJO, TX 78575		
8 Principal occupation / Job title (See Instructions) COMMUNICATIONS ENGINEER		9 Employer (See Instructions) ONPOINT GROUP
Date 3/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REY TEJEDA	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code [REDACTED] BROWNSVILLE, TX 78521		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 3/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM LUCIO	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] BROWNSVILLE, TX 78526		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT TYLER	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] RANCHO VIEJO 78574		
Principal occupation / Job title (See Instructions) CHIEF OF POLICE		Employer (See Instructions) TOWN OF RANCHO VIEJO

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: 6/6
2 FILER NAME CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGE LOREN ALONSO LAW FIRM, P.C.	7 Amount of contribution (\$) \$1,000.00 ✓
6 Contributor address; City; State; Zip Code [REDACTED] BROWNSVILLE, TX 77820		
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) SELF-EMPLOYED
Date 3/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR E. LOPEZ	Amount of contribution (\$) \$500.00 ✓
Contributor address; City; State; Zip Code [REDACTED] BROWNSVILLE, TX 77821		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNESTO & ERIN GIMNEZ	Amount of contribution (\$) \$1,000.00 ✓
Contributor address; City; State; Zip Code [REDACTED] BROWNSVILLE, TX		
Principal occupation / Job title (See Instructions) LAWYERS		Employer (See Instructions) SELF-EMPLOYED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>CARLOS L. GARCIA</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>3,000⁰⁰</u>	
5 Date <u>2/15/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RUTH TREVINO</u>	8 Amount of Contribution \$ <u>\$1,000⁰⁰</u>	9 In-kind contribution description <u>PRINTING</u>
7 Contributor address; City; State; Zip Code [REDACTED] <u>Brownsville, Tx 78526</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>OWNER- PRINT SHOP</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF-EMPLOYED</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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)			

Date <u>3/14/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RENE SANCHEZ</u>	Amount of Contribution \$ <u>\$2,000⁰⁰</u>	In-kind contribution description <u>EVENT CENTER + FOOD SVC</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Brownsville, TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>OWNER- EVENT CENTER + FOOD SVC</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF-EMPLOYED</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME CARLOS L GARCIA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,000⁰⁰
5 Date of loan 1/29/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS LUIS GARCIA	9 Loan Amount (\$) \$2,000⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5592 BIRDS CV Brownsville TX 78526	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions) N/A
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
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4 Date 2/2/24	5 Payee name JERRY MCHALE
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 401 East Ringgold Apt #507 Brownsville TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BLOGGER
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/24	Payee name JUAN MONTOYA
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1501 Old Port Isabel, Apt 18 Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BLOGGER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/24	Payee name FIESTA GRAPHICS
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Amount (\$) \$181.04	Payee address; City; State; Zip Code 205 PAREDES LN Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING OTHER	Description CAMPIGN SHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
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4 Date 2/28/24	5 Payee name HOME DEPOT
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6 Amount (\$) \$224.62	7 Payee address; City; State; Zip Code 4551 PADRE ISLAND HWY BROWNSVILLE TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CAMPAIGN MATERIALS/SUPPLIES
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/2/24	Payee name GEORGE SANDOVAL
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Amount (\$) \$100⁰⁰	Payee address; City; State; Zip Code 4663 BOWIE DR #438 BROWNSVILLE TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	Description CAMPAIGN WORKER / POSTING OF SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/24	Payee name FIESTA GRAPHICS
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Amount (\$) \$6,044.11	Payee address; City; State; Zip Code 205 PAREDES LN Rd BROWNSVILLE TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description CAMPAIGN SIGNS/STARTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>CARLOS L GARCIA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/24</i>	5 Payee name <i>GEORGE SANDOVAL</i>	
6 Amount (\$) <i>\$200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>4683 Bowie Dr #438 Brownsville Tx 78524</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>WAGES</i>	(b) Description <i>CAMPAIGN WORKER POSTING OF SIGNS</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/8/24</i>	Payee name <i>LA GUERRA HAMBURGER</i>		
Amount (\$) <i>\$48.25</i>	Payee address; City; State; Zip Code <i>1904 E. 14th Brownsville Tx 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>	Description <i>MEALS FOR CAMPAIGN WORKERS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/11/24</i>	Payee name <i>GEORGE SANDOVAL</i>		
Amount (\$) <i>\$80⁰⁰</i>	Payee address; City; State; Zip Code <i>4683 Bowie Dr #438 Brownsville Tx 78524</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <i>CAMPAIGN WORKER POSTING OF SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME <i>CARLOS L. GARCIA</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/11/24</i>	5 Payee name <i>ERNIE RODRIGUEZ</i>
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6 Amount (\$) <i>\$200.00</i>	7 Payee address; City; State; Zip Code <i>4030 Solid Dr Brownsville TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>WAGES</i>	(b) Description <i>CAMPAIGN WORKER POSTING OF SIGNS</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/11/24</i>	Payee name <i>HARBOR FREIGHT</i>
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Amount (\$) <i>\$20.54</i>	Payee address; City; State; Zip Code <i>1601 E. PRICE Rd. Brownsville TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER</i>	Description <i>CAMPAIGN SUPPLIES / MATERIALS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/13/24</i>	Payee name <i>Amaro's BAKERY</i>
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Amount (\$) <i>\$150.00</i>	Payee address; City; State; Zip Code <i>6408 PARDOES LN Rd. Brownsville TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRE PAID EVENT EXPENSE FOR 3/14/24</i>	Description <i>SWEET BREAD</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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:	2 FILER NAME <i>CARLOS L GARCIA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/24</i>	5 Payee name <i>FIESTA GRAPHICS</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>205 PAREDES HWY Rd ← Brownsville TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER</i>	(b) Description <i>CAMPAIGN SIGNS</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>3/14/24</i>	Payee name <i>GEORGE SANDOVAL</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>4683 ROWIE DR #438 ← Brownsville TX 78526</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <i>CAMPAIGN WORKER POSTING OF SIGNS</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>3/17/24</i>	Payee name <i>TRACTOR SUPPLY</i>	
Amount (\$) <i>\$108.00</i>	Payee address; City; State; Zip Code <i>1989 MILITARY HWY ← Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER</i>	Description <i>CAMPAIGN MATERIALS / POSTS</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)

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|--|-------------------------------|--------------------------------|--|
| 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:	2 FILER NAME CARLOS H. GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/24	5 Payee name FIESTA GRAPHICS	
6 Amount (\$) \$162.37	7 Payee address; City; State; Zip Code 205 PAREDES LN Rd Brownsville TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CAMPAIGN SHIRTS / WORKERS
	(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 3/4/24	Payee name FIESTA GRAPHICS	
Amount (\$) \$31.11	Payee address; City; State; Zip Code 205 PAREDES LN. Rd. Brownsville TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	Description MEALS FOR CAMPAIGN WORKERS
	<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 3/25/24	Payee name THE PINK SPOT	
Amount (\$) \$855.17	Payee address; City; State; Zip Code 1601 E. MAM GLOSA BLVD, SUITE 103, BROWNSVILLE, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description CAMPAIGN ADS / MATERIALS
	<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)

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|--|-------------------------------|--------------------------------|--|
| 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:	2 FILER NAME <i>CARLOS L GARCIA</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/4/24</i>	5 Payee name <i>LONG STAR NATIONAL BANK</i>
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6 Amount (\$) <i>\$39.66</i>	7 Payee address; <i>3100 N. JUDANA AVE</i>	City; <i>Brownsville TX</i>	State;	Zip Code <i>78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <i>CHECK PRINTING</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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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