

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 <input checked="" type="checkbox"/> MR	FIRST CARLOS	MI L.	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED APR 26 2024 </div> BY:
	NICKNAME	LAST GARCIA	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	
	5592 BIRDERS CV BROWNSVILLE, TEXAS 78524			
<input type="checkbox"/> Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	
5 CANDIDATE / OFFICEHOLDER PHONE	(956)	459-2935		Date Hand-delivered or Date Postmarked 4/26/24 10:40am
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST CARLOS	MI L.	Receipt #
	NICKNAME	LAST GARCIA	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);			STATE;
	5592 BIRDERS CV BROWNSVILLE, TEXAS 78524			ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed
	(956)	459-2935		Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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
	03	28	2024	04
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	05	04	2024	
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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

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 CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEO + BEATRICE ESPARZA	7 Amount of contribution (\$) \$400
6 Contributor address; City; State; Zip Code [Redacted] BVILLE 7852		
8 Principal occupation / Job title (See Instructions) SELF-EMPLOYED		9 Employer (See Instructions) SELF-EMPLOYED
Date 4/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONEL ALZAMANDO	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code [Redacted] RANCHO VIEJO BVILLE, TX 78511		
Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		Employer (See Instructions) SELF-EMPLOYED
Date 4/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNESTO GAMEZ JR	Amount of contribution (\$) \$1,500
Contributor address; City; State; Zip Code BVILLE, TX		
Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		Employer (See Instructions) SELF-EMPLOYED
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM R. + MARINA KINGSBURY	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code [Redacted] BVILLE, TX 78526		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

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 FILER NAME CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Guillen, JR.	7 Amount of contribution (\$) \$100 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEZ CONSTRUCTION LLC (Luis Lezama)	Amount of contribution (\$) \$300 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) LEZ CONSTRUCTION (SELF-EMPLOYED)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NARCISO ESCOBAR	Amount of contribution (\$) \$250 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Bville TX 78520		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph + Susan Cowen	Amount of contribution (\$) \$1000 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 2	
2 FILER NAME CARLOS L. GARCIA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2250 ⁰⁰ \$3250 ⁰⁰	
5 Date 4/5/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE ROY GONZALEZ	8 Amount of Contribution \$ \$1250 ⁰⁰	9 In-kind contribution description DIGITAL ADVERTISING
7 Contributor address; City; State; Zip Code [REDACTED] Brownsville Tx 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) SELF-EMPLOYED		11 Employer (FOR NON-JUDICIAL)(See Instructions) RMC Hauling & Milling	
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 4/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRIME POWER SERVICES (LUIS VILLAREAL)	Amount of Contribution \$ \$1500 ⁰⁰	In-kind contribution description Event Sponsor
Contributor address; City; State; Zip Code [REDACTED] BIVILLE, TX 78521		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) SELF-EMPLOYED / OWNER		Employer (FOR NON-JUDICIAL)(See Instructions) PRIME POWER SERVICES	
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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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>2</u>	
2 FILER NAME <u>CARLOS L. GARCIA</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>500⁰⁰</u>	
5 Date <u>4/25/2024</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICARDO SERNA (CHEF RICARDO'S)</u>	8 Amount of Contribution \$ <u>\$500⁰⁰</u>	9 In-kind contribution description <u>Event sponsor</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED] Biville, TX 78524</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 / SELF-EMPLOYED</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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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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: 1/1	2 FILER NAME CARLOS L. GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2024	5 Payee name ERNESTO / ERIN GOMEZ	
6 Amount (\$) 1000. ⁰⁰	7 Payee address: 277 E. HARRISON	City; State; Zip Code Brownsville TX 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description RETURN OF FUNDS DONATED FROM ENCORRECT & C/LT
	(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 4/11/24	Payee name DEMOCRATS OF SOUTHERN CAMERON CITY	
Amount (\$) 100.00	Payee address; 3207 MOBILE DR	City; State; Zip Code Brownsville TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FORUM PARTICIPATION
	<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 4-15-2024	Payee name EMMANUEL R GARCIA	
Amount (\$) \$130. ⁰⁰	Payee address; 3515 OVEDO DR	City; State; Zip Code Brownsville TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description Campaign Material (REIMBURSEMENT)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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: 2/11	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/24	5 Payee name JUAN MONTOYA	
6 Amount (\$) \$500 ⁰²	7 Payee address; 1501 OLD PORT ISABEL, APT 116 BROWNSVILLE TX 7785	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING
	(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
Date 4/15/24	Payee name ROBERT R. TYLER	
Amount (\$) \$60 ⁰⁰	Payee address; 72 PIZARO	City; State; Zip Code RANCHO VIEJO, TX 78575
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description PHONE BANKING
	<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
Date 4/16/24	Payee name TRACTOR SUPPLY	
Amount (\$) \$44.82	Payee address; 1989 MILITARY HWY	City; State; Zip Code 205 S. PINE ST, BULLOCK, TX 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description METAL STAKES FOR SIGN POSTING
	<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

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: 3/11	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/24	5 Payee name GEORGE SANDOVAL	
6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 4683 BOWIE DR #438 BROWNSVILLE, TX 78226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES	(b) Description SIGN POSTING
	(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
Date 4/16/24	Payee name CESAR RENDON	
Amount (\$) \$100	Payee address; City; State; Zip Code 1453 YALE AVE BROWNSVILLE TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	Description SIGN POSTING
	<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
Date 4/17/24	Payee name WAL-MART	
Amount (\$) \$93.10	Payee address; City; State; Zip Code 2205 PUECO TORRES BROWNSVILLE TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description MEET / GREAT DOOR PRIZES
	<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

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: 4/11	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/24	5 Payee name MARCOS DE LA ROSA	
6 Amount (\$) \$ 55.32	7 Payee address; 5815 RUBEN M. TORRES	City; State; Zip Code Brownsville TX 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description MEALS FOR Campaign 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 4/17/24	Payee name Amaro's Bakery	
Amount (\$) 40.70	Payee address; 6408 Padre Island Hwy	City; State; Zip Code Brownsville TX 78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description Misc/Greet Event Expense
	<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 4/17/24	Payee name Ink Spot	
Amount (\$) \$ 630.50	Payee address; 1601 E. Astor Clock Blvd # 103	City; State; Zip Code Brownsville TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description Campaign MATERIAL
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5/11</u>		2 FILER NAME <u>CARLOS L GARCIA</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/17/24</u>		5 Payee name <u>TRK Spot</u>			
6 Amount (\$) <u>\$1,179.93</u>		7 Payee address; City; State; Zip Code <u>1601 E. ATM CLOAK RD. #103 BROWNSVILLE TX 77526</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		(b) Description <u>CAMPAIGN MATERIAL</u>		
	(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	
Date <u>4/18/24</u>		Payee name <u>TRACTOR SUPPLY</u>			
Amount (\$) <u>\$44.82</u>		Payee address; City; State; Zip Code <u>1989 MILITARY AVE BROWNSVILLE, TX 77526</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>OTHER</u>		Description <u>METAL STAKES FOR SIGN POSTING</u>		
	<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	
Date <u>4/18/24</u>		Payee name <u>GEORGE SANDOVAL</u>			
Amount (\$) <u>100⁰⁰</u>		Payee address; City; State; Zip Code <u>4683 POWIE DR. #438 BROWNSVILLE TX 77526</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>WAGES</u>		Description <u>SIGN POSTING</u>		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/11		2 FILER NAME CARLOS L GARCIA		3 Filer ID (Ethics Commission Filers)	
4 Date 4/18/24		5 Payee name Domdeo Rodriguez			
6 Amount (\$) 700.00		7 Payee address; City; State; Zip Code 2425 BARWOOD Rd APT 23-A ← Brownsville TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description Scheduling of Meet/Grass WITH ADULT Day CARE CENTERS		
	(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	
Date 4/18/24		Payee name Emilia's RESTAURANT			
Amount (\$) \$85.75		Payee address; City; State; Zip Code 6105 Padre Island Hwy Brownsville TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD Expense		Description Campaign workers Early Voting MEETING		
	<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	
Date 4/18/24		Payee name Emilia's RESTAURANT			
Amount (\$) \$10.21		Payee address; City; State; Zip Code 6105 Padre Island Hwy Brownsville TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD Expense		Description Campaign workers Early Voting MEETING		
	<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	

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: 111	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Payee name CARLOS L. GARCIA	
6 Amount (\$) 240.00	7 Payee address: City; State; Zip Code 5592 BIRDERS CV Brownsville TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Meet/Greet - Adult Day Care Door Prizes
	(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 4/18/24	Payee name CARLOS L GARCIA	
Amount (\$) 70.50	Payee address: City; State; Zip Code 5592 BIRDERS CV Brownsville TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description MEET/GREET - Adult Day Care Sweet Bread
	<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	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete 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

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: 8/11		2 FILER NAME CARLOS L GARCIA		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/24		5 Payee name WIRE-MART			
6 Amount (\$) \$80.59		7 Payee address; City; State; Zip Code 2205 E. RUPEN TORRES SR BLVD BROWNSVILLE TX 78526			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description OFFICE SUPPLIES / INK CARTRIDGES		
	(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					
Date 4/22/24		Candidate / Officeholder name Office sought Office held			
Payee name TEXTING FOR LESS					
Amount (\$) \$1,700.00		Payee address; City; State; Zip Code 354 STATE ST. STE 201 HACKENSACK, NJ 07601			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description TEXT MESSAGES SUPPORTING CANDIDATE		
	<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					
Date 4/23/24		Candidate / Officeholder name Office sought Office held			
Payee name TARO PALENQUE					
Amount (\$) \$31.58		Payee address; City; State; Zip Code 4227 N. EXPRESS WAY BROWNSVILLE TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		Description Campaign worker @ Pills		
	<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					
Date		Candidate / Officeholder name Office sought Office held			
Payee name					
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>9/11</u>		2 FILER NAME <u>CARLOS L GARCIA</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/23/24</u>		5 Payee name <u>ROBERT R TYLER</u>			
6 Amount (\$) <u>\$1000.00</u>		7 Payee address; <u>72 PIZARO</u>		City; <u>Rancho Viejo, TX</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Consulting</u>		(b) Description <u>Phone Banking</u>	
		(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	
Date <u>4/24/24</u>		Payee name <u>BROKEN SPROCKETT</u>			
Amount (\$) <u>\$405.00</u>		Payee address; <u>6305 PANDAS LN RD.</u>		City; <u>Brownsville TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Meet / 6 REET</u>	
		<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	
Date <u>4/25/2024</u>		Payee name <u>CESAR RENDON</u>			
Amount (\$) <u>\$300.00</u>		Payee address; <u>1453 YALE AVE</u>		City; <u>Brownsville TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>WAGES</u>		Description <u>CAMPAGNING AT POLLING PLACE</u>	
		<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	

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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 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: 10/11		2 FILER NAME CARLOS L GARCIA		3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/2024		5 Payee name ROBERTO RIVERA			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 1713 HARDING ST. BROWNSVILLE TX 78521			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description CAMPAGNING		
	(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	
Date 4/25/2024		Payee name ROBERT R. TYLER			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 72 PIZARO RANCHO VIEJO, TX 78575			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Phone Banking		
	<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	
Date 4/25/2024		Payee name AMARO'S BAKERY			
Amount (\$) \$23.50		Payee address; City; State; Zip Code 6408 SPI Hwy BROWNSVILLE TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description MEET / GREET @ Adult Daycare		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1111	2 FILER NAME CARLOS L GARCIA	3 Filer ID (Ethics Commission Filers)
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4 Date 4/18/24	5 Payee name CARLOS L GARCIA
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6 Amount (\$) 240.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5592 BIRDERS CV BROWNSVILLE, TX 77826
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description MEET/GREET @ Adult Day CARE
	(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 4/18/24	Payee name CARLOS L GARCIA
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Amount (\$) 270.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5592 BIRDERS CV BROWNSVILLE, TEXAS 77826
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MEET/GREET @ Adult Day CARE
	<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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 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

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>7,300.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9366.92</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,723.18</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

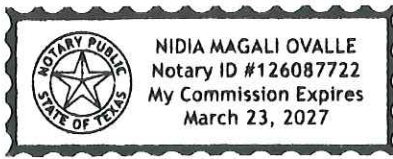
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 26th day of April

20 24, to certify which, witness my hand and seal of office.

Nidia M. Ovalle Nidia M. Ovalle Notary
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)