CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 10 00086072 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY** OFFICEHOLDER Mr. Eric M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST SUFFIX Garza CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER 8743 Jack Bean St. MAILING Receipt # Amount **ADDRESS**

	Change of Address	San Antonio TV 70240				
	Change of Address	San Antonio, TX 78240			Date Processed	
					Date Imaged	
5	CAMPAIGN	MS / MRS / MR FI	RST	MI		
	TREASURER NAME		ic M.	Wil		
			ST arza	SUFFIX		
6	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO 8743 Jack Bean St. San Antonio, TX 78240	X PLEASE); AP	T / SUITE #; CITY;	STAT	E; ZIP CODE
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (210) 286-6407	NUMBER EXTENSION			
8	REPORT TYPE		30th day before election	Runoff Exceeded modified reporting limit	15th day after camp appointment (officel Final Report (Attach	nolder only)
9	PERIOD COVERED	Month Day Year 02/25/2024	THROUGH	Month Day 06/30/2024	Year I	
10	ELECTION	ELECTION DATE Month Day Year 03/05/2024	X Primary General	ELECTION TYPE Runoff Special	Other	
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (State Representa		
			GO TO PAGE 2			
Fo	rms provided by Tex	kas Ethics Commission	www.ethics.state.tx.u	s	Version	V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Garza, Eric M. (Mr.)		14 Filer ID 00086072	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	9. 2919			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 811.08
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 46.53		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	\$ 0.00		
17 AFFIDAVIT				
			nder penalty of perjury, that the act includes all information required t ion Code.	
			Mr. Eric M. Garza	
		S	Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of		•
Signature of offi	cer administering	Printed name of officer administeri	ing Title of office	r administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 10 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00086072 Garza, Eric M. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 811.08 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Gu	Sal		ges/	Contract Labor		OTHER (enter	a category not listed ab	ove)
1	Total pages Schedule F1:	12			•		_		3	Filer ID	(Ethics Commissi	on Eilore)
_		-									(Ethics Commissi	on i liers)
	Sch: 1/7 Rpt: 4/10		Garza, Eric	M. (Mr.)						00086072		
4	Date	5	Payee name									
	02/25/2024	l	ActBlue Tex	as								
<u>_</u>	Amount (ft)	_	Dayoo addras	City	Ctoto: 7i	o Code						
6	Amount (\$)	7	Payee addres		State; Zi	o Code	е					
	\$3.95	l	PO Box 441	.146								
		l										
		l	Somerville, I	MA 02144								
Ļ	DUDDOCE	(-)				10	-					
8	PURPOSE OF	(a)	,	e Categories listed at t	ne top of this schedule) (r	D)	Description				
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		l						Donation Pro	ces	sing ree		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	nt			Office h	ield	
	expenditure to benefit C/O	Н										
H	Data	Т										
	Date	l	Payee name									
	03/14/2024		Adobe									
	Amount (\$)		Payee addres	ss; City;	State; Zi	o Code	e					
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		l										
			San Jose, C	A 95110								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule) (t	b)	Description				
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	expenditure to benefit C/O	Н				ŭ						
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	Date	l	Payee name									
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	\$37.34	l	345 Park Av	venue.								
	,	l										
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		l	San Jose, C	A 95110								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule) (k	b)	Description				
	OF	l	Advertising I					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	l	J	•				Check if Austin	, TX,	officeholder livir	ng expense	
		l							scri	ption for Ma	arketing Materia	I Creation
		l						Application				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	sough	nt			Office h	neld	
	expenditure to benefit C/O				2.1100	91				3601		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete th	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 5/10	Garza, Eric M. (Mr.)	00086072
4	Date	5 Payee name	
l	05/14/2024	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.34	345 Park Avenue	
		San Jose, CA 95110	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
l	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l		I U	Check if Austin, TX, officeholder living expense Onthly Subscription for Marketing Material Creation
l			olication
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9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	06/14/2024	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.34	345 Park Avenue	
l			
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
l	OF EXPENDITURE	Navertising Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
			nthly Subscription for Marketing Material Creation olication
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	03/04/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.03	1600 Amphitheatre Parkway	
l			
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	
	OF EXPENDITURE	1003	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense
		Acc	count Maintenance Fee
_			200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	superiorder to borient 0/01		

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gif

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 3/7 Rpt: 6/10	2 FILER NAME Garza, Eric M. (Mr.) 3 Filer ID (Ethics Commission Filers) 00086072	
4	Date 04/02/2024	5 Payee name Google	
6	Amount (\$) \$23.03	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Account Maintenance Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 05/02/2024	Payee name Google	
	Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email/Website Monthly Account Maintenance Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 06/03/2024	Payee name Google	
	Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email/Website Monthly Account Maintenance Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/10	Garza, Eric M. (Mr.)	00086072
4	Date	5 Payee name	·
	02/29/2024	Jefferson Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	Po Box 5190	
		San Antonio, TX 78201-0190	
8	PURPOSE		Description
	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	3 3 3	Check if Austin, TX, officeholder living expense
			Monthly Account Maintenance Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- CAPCHARATO TO DOMONE GAO		
	Date	Payee name	
	03/29/2024	Jefferson Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	Po Box 5190	
		San Antonio, TX 78201-0190	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Monthly Account Maintenance Fee
			Monthly Account Maintenance Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
-	Date	Payee name	
	04/30/2024	Jefferson Bank	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code Po Box 5190	
	Ψ10.00	1 0 BOX 3130	
		Can Antonia TV 70201 0100	
		San Antonio, TX 78201-0190	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
			Monthly Account Maintenance Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 5/7 Rpt: 8/10	2 FILER NAME Garza, Eric M. (Mr.) 3 Filer ID (Ethics Commission Filers) 00086072
4 Date 05/31/2024	5 Payee name Jefferson Bank
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code Po Box 5190 San Antonio, TX 78201-0190
8 PURPOSE	1
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Account Maintenance Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/28/2024	Jefferson Bank
Amount (\$) \$10.00	Payee address; City; State; Zip Code Po Box 5190
	San Antonio, TX 78201-0190
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Account Maintenance Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 02/26/2024	Payee name Meta Platforms Inc.
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1601 Willow Rd.
	Menlo Park , CA 94025-1452
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Advertising Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/7 Rpt: 9/10	Garza, Eric	M. (Mr.)					00086072	
4	Date	5 Payee name							
	02/26/2024	Meta Platfo	rms Inc.						
6	Amount (\$) \$50.00	7 Payee addre		State; Zip C	ode				
8	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense			므	, TX,	officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/28/2024	Meta Platfo	rms Inc.						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$75.00	1601 Willow	/ Rd.						
			, CA 94025-1452		T				
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description	outoi	do of Toyon Com	nloto Sahadulo T
	EXPENDITURE	Advertising	Expense			=		officeholder living	plete Schedule T. g expense
						Online Advert			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	04/04/2024	Meta Platfo	rms Inc.						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$125.00	1601 Willow	/ Rd.						
		Menlo Park	, CA 94025-1452						
	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense						plete Schedule T.
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 10/10	Garza, Eric M. (Mr.) 00086072
4	Date	5 Payee name
	03/06/2024	Meta Platforms Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.67	1601 Willow Rd.
		Menlo Park , CA 94025-1452
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Advertising Expense
		Offiline Advertising Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Pausa sama
	Date	Payee name
	03/06/2024	Meta Platforms Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.53	1601 Willow Rd.
		Menlo Park , CA 94025-1452
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Online Advertising Expense
	Complete ONLY if direct	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/05/2024	Meta Platforms Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.45	1601 Willow Rd.
		Menlo Park , CA 94025-1452
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Online Advertising Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
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