

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: <div style="text-align: center; font-size: 2em;">11</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>MARIO</u> MI		<div style="border: 2px solid blue; padding: 10px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 5px;">APR 03 2025</div> <div style="color: blue; font-weight: bold; margin-top: 5px;">@ 2:20 pm</div> <div style="color: blue; font-weight: bold; margin-top: 5px;">BY: Brenda Escalante</div>
	NICKNAME LAST <u>GARZA</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2006 King Rd San Juan Tx 78589</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(956) 451-9244</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <u>JUAN</u> FIRST <u>PEDRO</u> MI		
	NICKNAME LAST <u>CONTRERAS</u> SUFFIX		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1700 S. STEWARD San Juan Tx. 78589</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(956) 378-1416</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <u>(956) 378-1416</u>		
	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 <u>1 / 15 / 2025</u> THROUGH <u>4 / 3 / 2025</u>		
	11 ELECTION ELECTION DATE: Month Day Year <u>5 / 3 / 25</u> 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) <u>MAYOR</u>		
	13 OFFICE SOUGHT (if known) <u>MAYOR (RE-ELECT)</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>SAN JUAN PROGRESS SPAC</u>	
		COMMITTEE ADDRESS <u>1215 S STANDARD SAN JUAN TX 78589</u>	
		COMMITTEE CAMPAIGN TREASURER NAME <u>ROBERTO GARZA</u>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>1215 S. STANDARD SAN JUAN TX 78589</u>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

25,150.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7,228.¹⁴

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

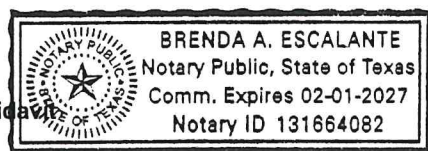
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mario Garza this the 3rd day of April,

20 25, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Brenda Escalante

City Secretary

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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,150. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,228. ¹⁴
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>MARIO GARCIA Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOE SALAZAR</i> <hr/> 6 Contributor address; City; State; Zip Code <i>611 E. LOOP HARLINGEN TX.</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Inv. - Sales</i>		9 Employer (See Instructions)
Date <i>NOV 2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINER ARYER</i> <hr/> Contributor address; City; State; Zip Code <i>PO Box 17428 AUSTIN TX.</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Principal occupation / Job title (See Instructions) <i>Tax @ Firm</i>		Employer (See Instructions)
Date <i>11-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PERDUE</i> <hr/> Contributor address; City; State; Zip Code <i>1235 N. Loop HOUSTON TX.</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>NOV. 2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S+F GOOD LLC</i> <hr/> Contributor address; City; State; Zip Code <i>508 S. STANARD SAN JUAN TX.</i>	Amount of contribution (\$) <i>\$2,000.00</i>
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.		

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 MARCIO GARZA Campaign		3 Filer ID (Ethics Commission Filers)
4 Date NOV 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NORIKS Aggregate	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code PO Box 180 LINDA TX.		
8 Principal occupation / Job title (See Instructions) BUS OWNER		9 Employer (See Instructions)
Date NOV 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SANDRA MALDONADO	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 2236 ARIMA DR. EDINBURG TX.		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date NOV 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREJO Transport	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 814 CASTILLO AVE Pharr TX.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date NOV 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARISSA MORENO	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 818 Mansfield TX.		
Principal occupation / Job title (See Instructions) RETIRED		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARIO GARZA Campaign		3 Filer ID (Ethics Commission Filers)
4 Date OCT. 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORINA GUTIERREZ	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 781 BENTSON RD. McALLEN TX 78561		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date OCT. 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEON DELEON	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code PO Box 125 SAN JUAN TP. 78589		
Principal occupation / Job title (See Instructions) BUSS OWNER		Employer (See Instructions)
Date OCT. 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARDENAS	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 110 E. US Hwy 83 PHAN TX 78571		
Principal occupation / Job title (See Instructions) BUSS. OWNER		Employer (See Instructions)
Date NOV 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA +7 DOMPSON	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 2724 W. GARDEN RD. CANTON TX 78539		
Principal occupation / Job title (See Instructions) LAW-FIRM		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARIO GARZA CAMPAIGN		3 Filer ID (Ethics Commission Filers)
4 Date NOV 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRISHA SALAZAR	7 Amount of contribution (\$) \$ 1,500.00
6 Contributor address; City; State; Zip Code 1031 HALL VISTA ARLING TX 78516		
8 Principal occupation / Job title (See Instructions) Bus. Engin.		9 Employer (See Instructions)
Date NOV 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN GONZALEZ	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 5007 N. 5TH ST. McALLEN TX 78501		
Principal occupation / Job title (See Instructions) MARKET BUS. MARKETER		Employer (See Instructions)
Date NOV 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVA TREJINO	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 317 CAMPO VERDE SAN JUAN TX		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date OCT 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'HALLON	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 426 W. Cattery AVE PHOENIX TX 78517		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <i>MARIO GARZA Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>OCT 2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VALERIE ENRIQUE</i> <hr/> 6 Contributor address; City; State; Zip Code <i>1868 W. MORELLE ST PLANO TX.</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>NOV 2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CB CONSULTANTS</i> <hr/> Contributor address; City; State; Zip Code <i>1014 HILL COUNTRY EPIPHANY TX 78539</i>	Amount of contribution (\$) <i>\$5,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>NOV 2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JONATHAN SAKULEWICZ</i> <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>MARIO GARZA Campaign</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>JAN 2025</i>		5 Payee name <i>165 Photography</i>			
6 Amount (\$) <i>\$541.00</i>		7 Payee address; City; State; Zip Code <i>1413 W. Russell Rd Epwburg Tx 78539</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		(b) Description		
	<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					
Date <i>JAN 2025</i>		Payee name <i>Signs 260</i>			
Amount (\$) <i>\$2,507.14</i>		Payee address; City; State; Zip Code <i>304 E. PECAN McALLEN Tx. 78501</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>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					
Date <i>Feb 2025</i>		Payee name <i>Rdz Screen Printing</i>			
Amount (\$) <i>\$580.00</i>		Payee address; City; State; Zip Code <i>2203 N. R.L SAN JUAN Tx 78589</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>SHIRTS</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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MARIO GARCIA (Candidate)	3 Filer ID (Ethics Commission Filers)
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4 Date Feb 2025	5 Payee name JAVIER GARCIA
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6 Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code 806 DURANTE ALAMO TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Labor	(b) Description
	(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 Feb 2025	Payee name SAN JUAN LION CLUB
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Amount (\$) \$500.00	Payee address; City; State; Zip Code SAN JUAN TX 78585
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	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 Feb 2025	Payee name DANNY LIRA
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Amount (\$) \$1,450.00	Payee address; City; State; Zip Code 811 DICKER PHARR TX 78577
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Labor WORK	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MARIO GARZA Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 3/2025		5 Payee name P.S.J.A High School			
6 Amount (\$) \$150.00		7 Payee address; 518 W. Ridge Rd		City; SAN JUAN Tx.	State; 78589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION.		(b) Description		
	(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 3/2025		Payee name Tony Saldaña			
Amount (\$) \$1500.00		Payee address; 202 E. Eagle		City; SAN JUAN Tx.	State; 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR WORK		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
Date 2/2025		Payee name P.S.J.A FFA BOOSTER CLUB			
Amount (\$) \$1600.00		Payee address; 518 W. Ridge Rd.		City; SAN JUAN Tx.	State; 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION		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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED