

# 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: <span style="font-size: 1.5em;">8</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <span style="font-size: 1.5em;">Mario</span>	MI
	NICKNAME	LAST <span style="font-size: 1.5em;">Garza</span>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <span style="font-size: 1.5em;">2006 King Rd. San Juan Tx 78589</span>		
	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.5em;">(956) 451-9244</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST <span style="font-size: 1.5em;">Pedro</span>	MI
	NICKNAME	LAST <span style="font-size: 1.5em;">Contreras</span>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <span style="font-size: 1.5em;">1700 S. Stewart Rd. San Juan Tx 78589</span>		
	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.5em;">(956) 299-5533</span>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <span style="font-size: 1.5em;">1700 S. Stewart Rd. San Juan Tx 78589</span>		
	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.5em;">(956) 299-5533</span>		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <span style="font-size: 1.5em;">1700 S. Stewart Rd. San Juan Tx 78589</span>		
	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.5em;">(956) 299-5533</span>		
9 REPORT TYPE	<input checked="" 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 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 <span style="font-size: 1.5em;">7 / 1 / 24</span> THROUGH    Month Day Year <span style="font-size: 1.5em;">1 / 15 / 25</span>		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <span style="font-size: 1.5em;">Mayor</span>		13 OFFICE SOUGHT (if known)
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 type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			

# 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)

\$

29,000

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

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

\$

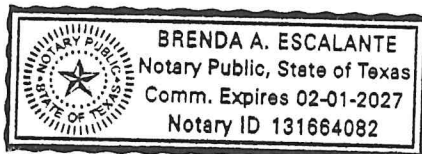
18 SIGNATURE

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.

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 15th day of January.

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

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)

# 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 <b>MARIO GANZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/8/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE SALAZAR</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>611 E. 200P HARLINGEN TX</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSS. OWNER</b>		9 Employer (See Instructions)
Date <b>11/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA BARGER</b>	Amount of contribution (\$) <b>\$1,500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 17428 AUSTIN TX.</b>		
Principal occupation / Job title (See Instructions) <b>TAX FIRM</b>		Employer (See Instructions)
Date <b>11/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S+F Good LLC</b>	Amount of contribution (\$) <b>\$2,000.00</b>
Contributor address; City; State; Zip Code <b>508 S. STANDARD SAN JUAN TX.</b>		
Principal occupation / Job title (See Instructions) <b>BUSS OWNER</b>		Employer (See Instructions)
Date <b>11/10/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NORIAS AGGREGATE</b>	Amount of contribution (\$) <b>\$1,500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 180 LINDA TX. 78563</b>		
Principal occupation / Job title (See Instructions) <b>BUSS OWNER</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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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1 Total pages Schedule A1:

2 FILER NAME

MARIO GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

11/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Samuel Maldonado

7 Amount of contribution (\$)

\$750.00

6 Contributor address;

City;

State;

Zip Code

2236 ARLINA Dr. El Paso, Tx.

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

11/24

Full name of contributor

☐ out-of-state PAC (ID#:

Trejo Transport LLC

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

11/16/24

Full name of contributor

☐ out-of-state PAC (ID#:

MARISSA MORENO

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

818 Mansfield Tp.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24

Full name of contributor

☐ out-of-state PAC (ID#:

R+B Zuniga

Amount of contribution (\$)

\$150.00

Contributor address;

City;

State;

Zip Code

306 E. 11th SAN JUAN Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

MARIO GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

11/24

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ADAN CONSTRUCTION

7 Amount of contribution (\$)

\$1200.00

6 Contributor address;

City;

State;

Zip Code

1602 LILAS ST. SAN JUAN TX.

8 Principal occupation / Job title (See Instructions)

Bus. Owner

9 Employer (See Instructions)

Date

11/15/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CORINA GUTIERREZ

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

701 Bentzen Rd. McAllen Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leon Delos

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

PO Box 125 San Juan Tx

Principal occupation / Job title (See Instructions)

Bus. Owner

Employer (See Instructions)

Date

11/24

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CARPENAS

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

110 E. US Hwy 83 Pharr Tx

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

MARCO GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

10/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

GARZA Thompson

7 Amount of contribution (\$)

\$1,500.-

6 Contributor address;

City;

State;

Zip Code

2724 W. CANTON EDDINBURG TX.

8 Principal occupation / Job title (See Instructions)

Law Firm

9 Employer (See Instructions)

Date

11/24

Full name of contributor

☐ out-of-state PAC (ID#:

TERESA SALAZAR

Amount of contribution (\$)

\$1,500.-

Contributor address;

City;

State;

Zip Code

1031 VALLE VISTA ALBUQUERQUE TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24

Full name of contributor

☐ out-of-state PAC (ID#:

BRIAN GODINEZ

Amount of contribution (\$)

\$2,000.-

Contributor address;

City;

State;

Zip Code

5007 W. 9TH MCALLEN TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24

Full name of contributor

☐ out-of-state PAC (ID#:

ALMA TREVINO

Amount of contribution (\$)

\$750.-

Contributor address;

City;

State;

Zip Code

317 CAMPO VERDE SAN JUAN

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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2 FILER NAME <i>MARCO GARZA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>O'Halloran</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>
6 Contributor address; City; State; Zip Code <i>426 W. Caffery Ave Pharr TX</i>		
8 Principal occupation / Job title (See Instructions) <i>LAW FIRM</i>		9 Employer (See Instructions)
Date <i>11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CB CONSULTANTS</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1014 Hill Country Epitaph TX</i>		
Principal occupation / Job title (See Instructions) <i>Bus Owner</i>		Employer (See Instructions)
Date <i>12/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MICHAEL HAZ</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>4301 VIA GRANDE Weslaco TX</i>		
Principal occupation / Job title (See Instructions) <i>Bus Owner</i>		Employer (See Instructions)
Date <i>11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHANN SAKULENICK</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>SAKULENICK</i>		
Principal occupation / Job title (See Instructions) <i>Bus Owner</i>		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>		

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1 Total pages Schedule A1:

2 FILER NAME

MARIO GAIZA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

EQUIPMENT PROS LLC

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

2542 Deer Trl. Brownsville

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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