

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

16/18

OFFICE USE ONLY

Date Received

10-10-23

Date Hand-delivered or Date Postmarked

10-10-23

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

PETE

GARCIA

JR.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1602 W. CHERRY Blossom Circle Weslaco, Tx 78596

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

463-5455

6 CAMPAIGN
TREASURER
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

ARNOLD

CAVAZOS

JR.

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY:

STATE;

ZIP CODE

101 N. FORD ST.

Weslaco

Tx.

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

463-1090

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07

11

23

THROUGH

10

10

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 07 / 23

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Weslaco City Commission District 2

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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)

\$ 7,600.00

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

\$ 7,600.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 8,965.66

4. TOTAL POLITICAL EXPENDITURES

\$ 8,965.66

CONTRIBUTION
BALANCE

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

\$ 567.08

OUTSTANDING
LOAN TOTALS

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

\$ 500.00

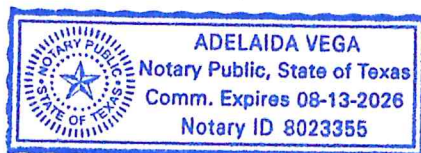
18 SIGNATURE

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 Pete Garcia Jr this the 10th day of October

2023, to certify which, witness my hand and seal of office.

Adela Vega Adela Vega 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)

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	\$ 2,600. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 500. ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8,965. ⁶⁶
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 350. ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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

PETE GARCIA JR.

3 Filer ID (Ethics Commission Filers)

4 Date

7/15/23

5 Full name of contributor

☐ out-of-state PAC (ID#:

ABRAHAM TANUS

7 Amount of contribution (\$)

\$1,200

6 Contributor address;

City;

State;

Zip Code

1709 E. Pike Blvd Weslaco TX. 78596

8 Principal occupation / Job title (See Instructions)

President/Owner

9 Employer (See Instructions)

Castico Manufacturing

Date

7/15

Full name of contributor

☐ out-of-state PAC (ID#:

ABRAHAM TANUS

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

1709 E. Pike Blvd Weslaco TX. 78596

Principal occupation / Job title (See Instructions)

President/OWNER

Employer (See Instructions)

Castico Manufacturing

Date

7/6/23

Full name of contributor

☐ out-of-state PAC (ID#:

R.G.V. Vision Care

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

603 W. 18th Weslaco TX. 78596

Principal occupation / Job title (See Instructions)

DR. Vision Care/OWNER

Employer (See Instructions)

R.G.V. Vision Care

Date

7/25/23

Full name of contributor

☐ out-of-state PAC (ID#:

GABRIEL CARILLO

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

P.O. Box 598 Weslaco TX. 78596

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

COPY-RITE

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 <i>PETIE GARCIA, JR.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CECILIA CARRILLO</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 598 Weslaco TX 78596</i>	7 Amount of contribution (\$) <i>\$300.00</i>
8 Principal occupation / Job title (See Instructions) <i>OWNER</i>		9 Employer (See Instructions) <i>COPY-RITE</i>
Date <i>8/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>PAS HOME CARE</i> Contributor address; City; State; Zip Code <i>530 S. BRIDGE Weslaco TX 78596</i>	Amount of contribution (\$) <i>\$300.00</i>
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>HOME HEALTH (ADULT)</i>
Date <i>7/28/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>First CARE E.M.S.</i> Contributor address; City; State; Zip Code <i>515 E. Pike Blvd Weslaco TX 78596 Suite B</i>	Amount of contribution (\$) <i>\$800.00</i>
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>First CARE E.M.S.</i>
Date <i>7/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>THE FEW THE GROUP OWN CHILDREN, INC.</i> Contributor address; City; State; Zip Code <i>201 PENA AVE Weslaco TX 78596</i>	Amount of contribution (\$) <i>\$300.00</i>
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>THE FEW THE GROUP OWN CHILDREN, INC.</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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

PIETIE GARCIA JR.

3 Filer ID (Ethics Commission Filers)

4 Date

8/2/23

5 Full name of contributor

JOHN CARLIN

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City;

State;

Zip Code

3304 SANTA RITA MISSION TX. 78596

8 Principal occupation / Job title (See Instructions)

Life Insurance Agent

9 Employer (See Instructions)

Knights of Columbus

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

7/28/23

LUGO 4 INVESTMENTS

Contributor address;

City;

State;

Zip Code

2200 E. GRIFFIN PKWY MISSION TX. 78572

\$400.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

LUGO 4 INVESTMENTS

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

7/29/23

ISRAEL GARCIA

Contributor address;

City;

State;

Zip Code

3812 RICO ST. WESLACO TX. 78596

\$300.00

Principal occupation / Job title (See Instructions)

Life Insurance Agent

Employer (See Instructions)

Knights of Columbus

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

8/28/23

HECTOR MONTALVO

Contributor address;

City;

State;

Zip Code

1514 WOODLAND DR. WESLACO TX. 78596

\$100.00

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

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

PETE GARCIA, JR.

3 Filer ID (Ethics Commission Filers)

4 Date

9/14/23

5 Full name of contributor

☐ out-of-state PAC (ID#:

LAW OFFICE OF ELOY SEPULVEDA

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City;

State;

Zip Code

716 S. TX BLVD WESTLACO TX 78596

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

ELOY SEPULVEDA

Date

9/8/23

Full name of contributor

☐ out-of-state PAC (ID#:

John Allen

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3032 SAN JACINTO WESTLACO TX 78596

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

7/26/23

Full name of contributor

☐ out-of-state PAC (ID#:

SOUTH TEXAS BOND / NORMAN CORDOVA

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

121 S. 8th ST. DONNA TX 78537

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SOUTH TEXAS BOND

Date

8/14/23

Full name of contributor

☐ out-of-state PAC (ID#:

LAW OFFICE OF TONY TORRES

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

118 E. CANO ST. EDINBURG TX 78539

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

LAW OFFICE OF TONY TORRES

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 <u>PIETE GARCIA JR.</u>				3 Filer ID (Ethics Commission Filers)	
4 Date <u>7/31/23</u>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHRIS RAMINEZ</u>		7 Amount of contribution (\$) <u>\$300.00</u>	
		6 Contributor address; City; State; Zip Code <u>Weslaco TX 78596</u>			
8 Principal occupation / Job title (See Instructions) <u>INVESTIGATOR</u>			9 Employer (See Instructions) <u>Weslaco Police DEPT.</u>		
Date <u>7/31/23</u>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JESSIE LOPIEZ</u>		Amount of contribution (\$) <u>\$300.00</u>	
		Contributor address; City; State; Zip Code <u>Weslaco TX 78596</u>			
Principal occupation / Job title (See Instructions) <u>REAL ESTATE</u>			Employer (See Instructions) <u>R+R REAL ESTATE</u>		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>PETE GARCIA, JR.</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>500.00</i>
5 Date of loan <i>3/2/23</i>	7 Name of lender <i>PETE GARCIA JR.</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>\$500.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>1602 W. CHERRY WESLACO TX 78596</i> <i>BLOSSOM CIRCLE</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2 FILER NAME PETE GARCIA JR 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date
7/18/23

6 Payee name
V & M PRINTS

7 Amount (\$)
\$101.03

8 Payee address; City; State; Zip Code
512 S. WESTGATE DR. Weslaco TX 78596

9 TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
ADVERTISING

(b) Description
political fish white shirts

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PETE GARCIA JR. Weslaco City Commissioner

Date
7/19/23

Payee name
COPY-RITE

Amount (\$)
\$1,656.23

Payee address; City; State; Zip Code
120 S. WESTGATE Weslaco TX 78596

TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
ADVERTISING

Description
POLITICAL YARD SIGNS & YARD STAKES

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PETE GARCIA JR. Weslaco City Commissioner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2 FILER NAME PIETE GARCIA JR. 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 7/21/23 6 Payee name COPY-RITE

7 Amount (\$) \$649.50 8 Payee address; City; State; Zip Code
120 S. WESTGATE WESTLACO TX 78596

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) ADVERTISEMENT (b) Description 4X4 POLITICAL SIGNS
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PIETE GARCIA JR. WESTLACO CITY COMMISSIONER

Date 7/25/23 Payee name ACADEMY

Amount (\$) \$108.24 Payee address; City; State; Zip Code
E. EXPWAY 83 WESTLACO TX 78596

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) OTHER Description 12' X 12' TENT USED FOR POLITICAL CAMPAIGN
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PIETE GARCIA JR. WESTLACO CITY COMMISSIONER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date
7/26/23

6 Payee name
COPY-RITE

7 Amount (\$)
\$391.85

8 Payee address; City; State; Zip Code
120 S. Westgate Westlaco TX. 78596

9 TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
ADVERTISEMENT

(b) Description
Political Push Cards
Holtz Sponsor for Golf Tourney

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held
PETE GARCIA, JR. Westlaco City Commissioner

Date
7/28/23

Payee name
WAL-MART

Amount (\$)
\$719.46

Payee address; City; State; Zip Code
South TX. Blvd Westlaco TX. 78596

TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
OTHER

Description
GIFT CARDS
for Golf Tourney

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held
PETE GARCIA, JR. Westlaco City Commissioner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date 8/1/23 6 Payee name TIERRA SANTA GOLF COURSE
7 Amount (\$) \$3,068.89 8 Payee address; City; State; Zip Code
1901 CLUB DE AMISTAD Weslaco TX. 78596

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description GOLF TOURNEY FEES plus BURGERS MEALS
EVENT EXPENSE
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PETE GARCIA JR. Weslaco City Commissioner

Date 8/11/23 Payee name COPY-RITE
Amount (\$) \$146.14 Payee address; City; State; Zip Code
120 S. Westgate Weslaco TX. 78596

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description 4X4 DOUBLE-SIDE POLITICAL SIGNS
ADVERTISEMENT
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PETE GARCIA JR. Weslaco City Commissioner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2 FILER NAME PIETIE GARCIA, JR. 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 8/15/23 6 Payee name V+M PRINTS

7 Amount (\$) \$215.52 8 Payee address; City; State; Zip Code
512 WESTGATE DR. Weslaco TX 78596

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) ADVERTISMENT (b) Description 1 DOZ. POLITICAL CAPS
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PIETIE GARCIA, JR. Weslaco City Commissioner

Date 8/29/23 Payee name COPY-RITE

Amount (\$) \$1,282.26 Payee address; City; State; Zip Code
120 S. WESTGATE Weslaco TX. 78596

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) ADVERTIZEMENT Description 4X4 political signs plus yard signs.
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
PIETIE GARCIA, JR. Weslaco City Commissioner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 8/30/23		6 Payee name COPY-RITE			
7 Amount (\$) \$276.04		8 Payee address; 120 S. Westgate		City; Weslaco	State; TX. Zip Code 78596
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		ADVERTISING		4x4 political signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held PETE GARCIA JR. Weslaco City Commissioner			
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
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			
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
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 G:		2 FILER NAME PETIE GARCIA JR.		3 Filer ID (Ethics Commission Filers)	
4 Date 8/8/23		5 Payee name W. I. S. D.			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 319 WEST 4th ST. Weslaco TX 78596			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description WESLACO HIGH SCHOOL FOOTBALL PANTHER PROGRAM	
		(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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
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			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
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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