

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:

32

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

ED
GARZA

OFFICE USE ONLY

Date Received

01-15-19P03:55 RCVD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

P.O. Box 100597
San Antonio, TX 78201

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 355-8565

Date (Hand-delivered or Date Postmarked)

1-15-19

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

GRACE
VILLERREAL

Receipt #

Amount \$

Date Processed

Date Imaged

1-15-19

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

3715 SUNSHINE RANCH
SAN ANTONIO, TX 78228

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 834-4960

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
7 / 1 / 19 THROUGH 12 / 31 / 19

11 ELECTION

ELECTION DATE
Month Day Year

5 / 8 / 2021

- Primary Runoff
 General Special

ELECTION TYPE

Other Description

SALSD Dist. 7

12 OFFICE

OFFICE HELD (if any)

SALSD District 7
School Board

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

ED GARZA

15 Filer ID (Ethics Commission Filers)

16 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.

N/A

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ _____

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

\$ 20,250

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 18,084.05

CONTRIBUTION
BALANCE

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

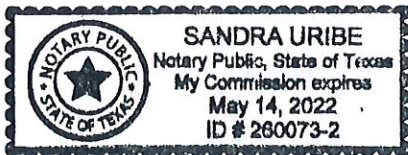
\$ 6,756.96

OUTSTANDING
LOAN TOTALS

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

\$ 2,125.77

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Garza, this the 15th day of January, 20 19, to certify which, witness my hand and seal of office.

Sandra R. Uribe
Signature of officer administering oath

Sandra A. Uribe
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME ED GARZA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,250
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,496.56
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS (Reimbursements)	\$ 2,125.77
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,587.49
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	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>9</u>
2 FILER NAME <u>ED GARZA</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7-3-18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mark D. Granados</u> 6 Contributor address; City; State; Zip Code <u>5602 N. Hausman SAT 78249</u>	7 Amount of contribution (\$). <u>2,500. ⁰⁰/_{XX}</u>
8 Principal occupation / Job title (See Instructions) <u>Real Estate</u>		9 Employer (See Instructions) <u>GFR Development</u>
Date <u>7-9-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Philip Cortez</u> Contributor address; City; State; Zip Code <u>7919 Liberty Island, SAT 78227</u>	Amount of contribution (\$) <u>1,000 ⁰⁰/_{XX}</u>
Principal occupation / Job title (See Instructions) <u>State Rep.</u>		Employer (See Instructions) <u>State of Texas</u>
Date <u>7-30-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Doug Poneck</u> Contributor address; City; State; Zip Code <u>127 W. Woodlawn Ave SAT 78212</u>	Amount of contribution (\$) <u>500 ⁰⁰/_{XX}</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Esramilla + Poneck</u>
Date <u>8-7-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Baltazar Serna</u> Contributor address; City; State; Zip Code <u>126 Villita St. SAT 78205</u>	Amount of contribution (\$) <u>1,000 ⁰⁰/_{XX}</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Serna + Serna</u>

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

ED CARZA

3 Filer ID (Ethics Commission Filers)

4 Date

8-10-18

5 Full name of contributor out-of-state PAC (ID#: _____)

James Gray

7 Amount of contribution (\$)

500 ⁰⁰/_{xx}

6 Contributor address; City; State; Zip Code

2425 Broadway SAT 78215

8 Principal occupation / Job title (See Instructions)

Landscape Architect

9 Employer (See Instructions)

Rialto Studio

Date

9-6-18

Full name of contributor out-of-state PAC (ID#: _____)

Mark Wohlfarth

Amount of contribution (\$)

500 ⁰⁰/_{xx}

Contributor address; City; State; Zip Code

237 N. Travis SAT 78205

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Sabinal Group

Date

9-6-18

Full name of contributor out-of-state PAC (ID#: _____)

Willoam Shown

Amount of contribution (\$)

500 ⁰⁰/_{xx}

Contributor address; City; State; Zip Code

212 Madison SAT 78204

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Silver Ventures

Date

10-5-18

Full name of contributor out-of-state PAC (ID#: _____)

David Christian

Amount of contribution (\$)

250 ⁰⁰/_{xx}

Contributor address; City; State; Zip Code

1800 McCulloch SAT 78212

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date **10-12-18**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Raha-Kestner PAC
 6 Contributor address; City; State; Zip Code
P.O. Box 690287 SAT 78269

7 Amount of contribution (\$)
500⁰⁰/_{XX}

8 Principal occupation / Job title (See Instructions)
Engineer
 9 Employer (See Instructions)
Self

Date **10-12-18**
 Full name of contributor out-of-state PAC (ID#: _____)
Trish DeBerry
 Contributor address; City; State; Zip Code
110 Broadway SAT 78205

Amount of contribution (\$)
500⁰⁰/_{XX}

Principal occupation / Job title (See Instructions)
Marketing
 Employer (See Instructions)
Self

Date **10-22-18**
 Full name of contributor out-of-state PAC (ID#: _____)
Johnny Hernandez
 Contributor address; City; State; Zip Code
214 Regent SAT 78204

Amount of contribution (\$)
500⁰⁰/_{XX}

Principal occupation / Job title (See Instructions)
Chef
 Employer (See Instructions)
True Flavors

Date **11-29-18**
 Full name of contributor out-of-state PAC (ID#: _____)
Matt Starr
 Contributor address; City; State; Zip Code
7334 Blanco Rd. SAT 78216

Amount of contribution (\$)
500⁰⁰/_{XX}

Principal occupation / Job title (See Instructions)
Real Estate
 Employer (See Instructions)
Clermont, LLC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **Ed Garza**

3 Filer ID (Ethics Commission Filers)

4 Date **11-29-18**

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

BC6C PAC

500⁰⁰/_{xx}

6 Contributor address; City; State; Zip Code

8706 Lockways SAT 78217

8 Principal occupation / Job title (See Instructions)

Contractor

9 Employer (See Instructions)

Bartlett -Cocke

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11-29-18

Frank Burney

250⁰⁰/_{xx}

Contributor address; City; State; Zip Code

300 Convent St SAT 78205

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Martin + Drought PC.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12-20-18

Gordon Hartman

1,000⁰⁰/_{xx}

Contributor address; City; State; Zip Code

1202 W Bitters Rd SAT 78216

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

SELF

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12-20-18

Caroline Brown

250⁰⁰

Contributor address; City; State; Zip Code

123 Brackemdy SAT 78209

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Brown Ortiz

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

EO GARCIA

3 Filer ID (Ethics Commission Filers)

4 Date

12-20-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Jeffrey Lee Dorrell

7 Amount of contribution (\$)

250.00
~~xx~~

6 Contributor address; City; State; Zip Code

1409 Mandell St. Houston, TX 77006

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Hanzel Laforte

Date

12-20-18

Full name of contributor out-of-state PAC (ID#: _____)

Tomas Resendez

Amount of contribution (\$)

250.00
~~xx~~

Contributor address; City; State; Zip Code

29030 Woodlawn Rd. SAT 78259

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Menchaca Law

Date

12-20-18

Full name of contributor out-of-state PAC (ID#: _____)

Juan Aguilera

Amount of contribution (\$)

250.00
~~xx~~

Contributor address; City; State; Zip Code

13810 Bluffrock SAT 78216

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Escanela Pineda

Date

12-26-18

Full name of contributor out-of-state PAC (ID#: _____)

Charles Butt

Amount of contribution (\$)

1,000.00
~~xx~~

Contributor address; City; State; Zip Code

335 Kerz William SAT 78204

Principal occupation / Job title (See Instructions)

GROCLER

Employer (See Instructions)

SELF - HEB

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date
12-26-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Mark Ross

6 Contributor address; City; State; Zip Code

P.O. BOX 28490 SAT 78228

7 Amount of contribution (\$)

250⁰⁰/₁₀₀

8 Principal occupation / Job title (See Instructions)
Real Estate

9 Employer (See Instructions)
SELF

Date
12-26-18

Full name of contributor out-of-state PAC (ID#: _____)

Jorge Herrera

Contributor address; City; State; Zip Code

1800 W. Commerce SAT 78207

Amount of contribution (\$)

250⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
SELF

Date
12-26-18

Full name of contributor out-of-state PAC (ID#: _____)

Garz Jueros

Contributor address; City; State; Zip Code

P.O. Box 790066 SAT 78219

Amount of contribution (\$)

1,000⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)
Contractor

Employer (See Instructions)
SELF

Date
12-26-18

Full name of contributor out-of-state PAC (ID#: _____)

Roberto Gonzalez

Contributor address; City; State; Zip Code

1747 Fawn Gate SAT 78248

Amount of contribution (\$)

1,000⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
GCC Engineers

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME ED GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 12-26-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. B. Zachry Jr.	7 Amount of contribution (\$) 1,000⁰⁰ 00
6 Contributor address; City; State; Zip Code 310 S. St Mary's SAT 78205		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SELF
Date 12-27-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Villa	Amount of contribution (\$) 500⁰⁰ 00
Contributor address; City; State; Zip Code 999 E. Barse Rd SAT 78209		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) SELF
Date 12-27-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson Troilo PAC	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 601 NW Loop 410 SAT 78216		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Davidson + Troilo Room + Garza
Date 12-29-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esperanza Andrade	Amount of contribution (\$) 250⁰⁰ 00
Contributor address; City; State; Zip Code 8031 Colonial woods SAT 78015		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) SELF
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME ED GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 12-31-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Barrera 6 Contributor address; City; State; Zip Code 13 INWOOD MANOR SAT 78248	7 Amount of contribution (\$) 500⁰⁰/_{xx}
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Langley & Barack
Date 12-31-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernando Reyes Contributor address; City; State; Zip Code 2 Davenport Lane SAT 78257	Amount of contribution (\$) 1,000⁰⁰/_{xx}
Principal occupation / Job title (See Instructions) Automotive Supplier		Employer (See Instructions) Reyes AMTEX
Date 12-31-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Kaufmann Contributor address; City; State; Zip Code 100 W. Houston, SAT 78206	Amount of contribution (\$) 500⁰⁰/_{xx}
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kaufman & Assoc.
Date 12-31-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Macon Contributor address; City; State; Zip Code 300 Convent SAT 78205	Amount of contribution (\$) 1,000⁰⁰/_{xx}
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bracewell LLP

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME EO GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 12-31-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Escareno 6 Contributor address; City; State; Zip Code 2717 W. Martin SAT 78207	7 Amount of contribution (\$) 250⁰⁰00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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#: _____) 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#: _____) 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

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: <i>6</i>	2 FILER NAME <i>ED GARZA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-20-19</i>	5 Payee name <i>EDWARD D. GARZA</i>	
6 Amount (\$) <i>4,365</i>	7 Payee address; City; State; Zip Code <i>1903 W. Magnolia SAT 78201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Loan Repayment / Reimbursement</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>7-20-19</i>	Payee name <i>LOVE STAR NATIONAL BANK</i>	
Amount (\$) <i>9.50</i>	Payee address; City; State; Zip Code <i>7954 Fredericksburg Rd. SAT 79229</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	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	
Date <i>7-5-19</i>	Payee name <i>County Line</i>	
Amount (\$) <i>26.70</i>	Payee address; City; State; Zip Code <i>16101 W. 1410 SAT 78230</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 9-5-18	5 Payee name Starbucks	
6 Amount (\$) 27.12	7 Payee address; City; State; Zip Code 2201 Fredericksburg Rd	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(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	
	Candidate / Officeholder name	Office sought Office held

Date 7-16-18	Payee name Fed Ex	
Amount (\$) 5.77	Payee address; City; State; Zip Code 602 NW Loop 470 SAT 78229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	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 7-30-18	Payee name LONGFELLOW m.s. VOLLEYBALL	
Amount (\$) \$76.07	Payee address; City; State; Zip Code 1130 E. Sunshine Dr. SAT 78228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 8-16-18	5 Payee name Miguel Del Ferro
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6 Amount (\$) \$ 200.00	7 Payee address; City; State; Zip Code 1427 Lullwood SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation (Scholarship)	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-31-18	Payee name Christopher Martinez
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Amount (\$) 83.50	Payee address; City; State; Zip Code 2013 Shadwell SAT 78228
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-18-18	Payee name LONE STAR NATIONAL BANK
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Amount (\$) 42,45	Payee address; City; State; Zip Code 7954 Fredensburgh Rd. SAT 78229
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 9-5-18	5 Payee name Edward D. Garza
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6 Amount (\$) 2,875	7 Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-19-18	Payee name LONG STAR NATIONAL BANK
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Amount (\$) 8.50	Payee address; City; State; Zip Code 7954 Fredericksburg Rd SAT 78279
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-18	Payee name Edward D. Garza
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Amount (\$) 1,300	Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	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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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME EO GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 10-25-18	5 Payee name Chick-Fil-A
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6 Amount (\$) 62,09	7 Payee address; City; State; Zip Code 27 NE Interstate 410 SAT 78216
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-20-18	Payee name LONG STAR NATIONAL BANK
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Amount (\$) 7.50	Payee address; City; State; Zip Code 754 Fredericksburg Rd SAT 78229
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-14-18	Payee name MONTICELLO PARK NEIGHBORHOOD ASSOC.
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Amount (\$) 166.67	Payee address; City; State; Zip Code 1800 Fredericksburg Rd. Suite 116 SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	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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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6 2 FILER NAME: ED GARZA 3 Filer ID (Ethics Commission Filers)

4 Date: 12-7-18 5 Payee name: 6000 TIME CHARLES

6 Amount (\$): 141.19 7 Payee address; City; State; Zip Code: 2922 Broadway SAT 78209

8 PURPOSE OF EXPENDITURE: Food Expense

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

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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: 12-10-18 Payee name: Martin Medrano

Amount (\$): 92.00 Payee address; City; State; Zip Code: 1 Camino Santa Maria SAT 78228

PURPOSE OF EXPENDITURE: Contribution

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

Description
 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: _____

Date: 12-20-18 Payee name: LONG STAR NATIONAL BANK

Amount (\$): 7.50 Payee address; City; State; Zip Code: 7954 Fredericksburg Rd. SAT 78229

PURPOSE OF EXPENDITURE: Fees

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

Description
 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: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12-24-18	5 Payee name Edward D. Garza
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6 Amount (\$) 5,000.⁰⁰	7 Payee address; City; State; Zip Code 1903 W. Magnolia SAT 79201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	(b) 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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9 Complete <u>ONLY</u> 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
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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
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Complete <u>ONLY</u> 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
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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
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Complete <u>ONLY</u> 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12-31-18	6 Payee name EDWARD O. GARZA
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7 Amount (\$) 2,125.77	8 Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement expenses thru 12/31/18	(b) 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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11 Complete <u>ONLY</u> 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
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 7-1-18	5 Payee name AMERICAN MINI STORAGE
-------------------------	--

6 Amount (\$) 162.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3567 Fredericksburg Rd SAT 78201
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-17-18	Payee name AT+T
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Amount (\$) 101.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-4-18	Payee name City Garage
-----------------------	----------------------------------

Amount (\$) 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 481 Soledad SAT 78205
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	(b) 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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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 8-1-18	5 Payee name AMERICAN STORAGE
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6 Amount (\$) 162.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3567 Fredendshuy Rel. SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-20-18	Payee name AT+T
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Amount (\$) 166.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code online, Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-1-18	Payee name AMERICAN STORAGE
-----------------------	---------------------------------------

Amount (\$) 162.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Fredendshuy Rel. SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 9-5-18	5 Payee name AT+T	
6 Amount (\$) 167.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Online - Dallas, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 9-7-18	Payee name Chris Madrid's	
Amount (\$) 21.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1900 Blanco Rd. SAT 78212	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 9-8-18	Payee name TACO CABANA	
Amount (\$) 27.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4205 Fredericksburg RD SAT 78200	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(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 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

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: <p style="text-align:center">12</p>	2 FILER NAME <p style="text-align:center">BP GARZA</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">9-12-18</p>	5 Payee name <p style="text-align:center">DELO PIZZERIA</p>	
6 Amount (\$) <p style="text-align:center">22.73</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">2026 Babcock Rd SAT 78229</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">FOOD EXPENSE</p>	(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	Candidate / Officeholder name	Office sought Office held

Date <p style="text-align:center">9-14-18</p>	Payee name <p style="text-align:center">Chns Madrids</p>	
Amount (\$) <p style="text-align:center">18.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">1900 Blanco Rd. SAT 78212</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">FOOD EXPENSE</p>	(b) 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 <p style="text-align:center">9-18-18</p>	Payee name <p style="text-align:center">Taco Cabana</p>	
Amount (\$) <p style="text-align:center">37.30</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">4205 Fredericksby Rd SAT 78201</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">FOOD EXPENSE</p>	(b) 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 9-25-18	5 Payee name Taco Cabana
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6 Amount (\$) 33.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4205 Fredericksburg Rd SAT 78201
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-1-18	Payee name AMERICAN STORAGE
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Amount (\$) 112.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Fredericksburg Rd. SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-7-18	Payee name LISA'S RESTAURANT
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Amount (\$) 19.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 815 Bandera Rd SAT 78220
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: <p style="text-align:center">12</p>	2 FILER NAME <p style="text-align:center">ED GARZA</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">10-12-18</p>	5 Payee name <p style="text-align:center">Chris Madrids</p>	
6 Amount (\$) <p style="text-align:center">18.25</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">1900 Blanco Rd SAT 78212</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">FOOD EXPENSE</p>	(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	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">10-16-18</p>	Payee name <p style="text-align:center">Rafais Cafe</p>	
Amount (\$) <p style="text-align:center">41.63</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">1535 W. Ardebrand SAT 78201</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">FOOD EXPENSE</p>	(b) 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 <p style="text-align:center">10-19-18</p>	Payee name <p style="text-align:center">AT&T</p>	
Amount (\$) <p style="text-align:center">166.86</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">Online - Dallas, TX</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">OFFICE OVERHEAD</p>	(b) 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 PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 10-20-18	5 Payee name BEST BUY
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6 Amount (\$) 129.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 125 NW Loop 410 SAT 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-18	Payee name DELO PIZZERIA
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Amount (\$) 14.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2026 Babcock Rd SAT 78229
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-18	Payee name AMERICAN STORAGE
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Amount (\$) 162.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Fredenckshuy Rd. SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME BO GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11-4-18	5 Payee name LEA'S RESTAURANT
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6 Amount (\$) 25.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 815 Bandera Rd SAT 78228
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-13-18	Payee name AT+T
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Amount (\$) 168.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code ONLINE - Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-14-18	Payee name DECO PIZZERIA Stake Shack
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Amount (\$) 31.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2026 Bahcock SAT 78229
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11-16-18	5 Payee name Shake Shack
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6 Amount (\$) 27.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7427 San Pedro SAT 78
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-18-18	Payee name FROST GARAGE
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Amount (\$) 6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 W HOUSTON SAT 78205
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-29-18	Payee name SOHIL Cafe
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Amount (\$) 36.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1719 Blanco Rd SAT 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12-1-18	5 Payee name American Storage
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6 Amount (\$) 162.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3567 Fredenckshuy Rd SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-6-18	Payee name GOOD TIME CHARLIE'S
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Amount (\$) 119.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2922 Broadway SAT
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8-18	Payee name Broadway Daily Bread
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Amount (\$) 182.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5011 De Zavala SAT 78249
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12-12-18	5 Payee name DECO PIZZERIA
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6 Amount (\$) 536.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2026 Babcock SAT 78229
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-14-18	Payee name Paesanos Ristorante
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Amount (\$) 43.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 555 E. Besse SAT 78209
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-27-18	Payee name Capparelli's on Main
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Amount (\$) 111.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2524 N. Main Ave. SAT 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) 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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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 PERSONAL FUNDS

SCHEDULE G

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: 12	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12-28-18	5 Payee name Academy
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6 Amount (\$) 106.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2643 Vance Jackson SAT 78230
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-31-18	Payee name AT & T
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Amount (\$) 163.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online - Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) 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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Complete <u>ONLY</u> 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)	(b) 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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