CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	GARZA		07-16-18P04:29 RCV
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. BOX 10059 SAN ANTONIO, TX		07 10-10104.29 RCV
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	i
OFFICEHOLDER PHONE	(210) 355-9565		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MSCMASSYMR FIRST GRACE	МІ	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
,	U (LLERNEA		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	31 ¥	ZIP CODE
ADDRESS	3715 SUNSHINE	E RANCTT	
(Residence or Business)	San Antonio ITX	19229	See Strong
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 835 - 496	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	July 15 8th day before ele	Cition Exceeded \$500 illinit	Tillal Report (Allacil Groff-Fri)
10 PERIOD COVERED	Month Day Year	THROUGH 6	Day Year 30 / 18
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
	Month Day Year Primary Solution Day Year General	Special States	150 Oct. 7
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	SAISO School Board		Y
	District 7		
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ED 6	ARZA	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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
NA	COMMITTEE ADDRESS SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
r		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TO S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	HAN S	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,500	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,006.53 \$ 1,043.20	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ORTING PERIOD	* 1,043.20	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* 12,678,28	
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.				
20		Signature of C ₃	andidate or Officeholder	
AFFIX NOTARY STAM	DICEAL ABOVE			
AFFIX NOTARY STAM	P/SEALABOVE	F 1 2	1, M	
Sworn to and subsc	10)		, this the	
day of July , 20 /8 , to certify which, witness my hand and seal of office.				
Signature of officer administering oath Carmen Vaguez GMZalez Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME ED GARTA 20 Filer ID (Ethics Con			
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,500,00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS(*)	\$ 		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	* 5, 880, 50		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS (4)	\$12,078,28		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	1DS \$3,126,03		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	ions \$		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ED GARTA 7 Amount of contribution (\$) 4 Date out-of-state PAC (ID#:_____ 5-30-18 DAVID STARR 6 Contributor address; City; State; Zip Code 7334 BLANCO RD SAT 78216 \$1,500 OWNER - REALESTATE / HOUSING SELF / OWNER 8 Principal occupation / Job title (See Instructions) Date Full name of contributor OANIEL BARRETT Contributor address; City; State; Zip Code 1407 VIEW Run6E SAT 78213 Amount of contribution (\$) \$1,000 Principal occupation / Job title (See Instructions) INSULANCE SELF / OW NER out-of-state PAC (ID#:_____) Full name of contributor Date Amount of contribution (\$) 6-1-18 Contributor address; City; State; Zip Code \$ 1,000 ONE RIVERWALK RACE TAT 70765 Principal occupation / Job title (See Instructions) Employer (See Instructions) MARMON MOIL ARCHITETET Date Full name of contributor Amount of contribution (\$) 6-1-19 CCIF DouGCAS Contributor address; City; State; Zip Code \$ 1,000 TIL NAVARRO SAT 78205 Principal occupation / Job title (See Instructions) TAX COLLECTION Employer (See Instructions) LINEBARGER, GORGAN, BLAIR + SAMPSON 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME FO GARZA 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ DANIEL ORTIZ 6 Contributor address; City; State; Zip Code 112 E. DECAN SAT 78205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru \$1,000 BROWN & ORTIZ ATTORNEY ___ out-of-state_PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Aftorney Date PABLO ESCAMILLA City; State; Zip Code B 500 Employer (See Instructions) Employer (See Instructions) ESCAMILLA + PONECL Amount of contribution Amount of contribution (\$) 6-28-18 Contributor address; City; State; Zip Code \$500 7500 CALLAGHAN SAT 19229 Employer (See Instructions) Principal occupation / Job title (See Instructions) GARZA GONZALEZ CPA'S Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code Contributor address; 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 CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME EO GARZA	}	3 Filer ID (Ethics Commission Filers)
4 Date 1-19-18	5 Payee name LONE STAP NAT	IONAL BANK	W10+8C
6 Amount (\$)	7 Payee address; City; State; Zity 1954 Frederickship		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so EVENT TXPENSE (COLLEGE CAREER	Check if travel	outside of Texas. Complete Schedule T. lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-29-18	LONE STAL NA	TIONAL BAN	(C-W/0+5/C
Amount (\$)	Payee address; City; State; Zi	ip Code	· 70220
20250	7954 Freden (Cst	my Roal SA	1-18 124
	Category (See Categories listed at the top of this se	<u> </u>	
PURPOSE			outside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION-COLLEGE	ATIONS	lin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-13-18	LONE STAR NATON Payee address; City; State; Z	AL RANK U	10 +S/C
Amount (\$)	Payee address; City; State; Z	ip Code	
66 %	7954 Fredereigh	y Roal SAT	78229
	Category (See Categories listed at the top of this s	, <u> </u>	and the second second second
PURPOSE			outside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION - SAT	/CB Check if Aus	slin, TX, officeholder living expense
	c/0 2018 PC	ا ا	
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 N	EEDED

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

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME ED GARZA EDWARD O. CARZA

Ivee address: City; State; Zip Code 1903 W. Magnolia SAT 78201 1,500 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense LUAN REALIMENT Runhusent OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date EDWARD D. GARZA
Payee address; City; State; Zip Code 6-4-18 Amount (\$) 1903 W. Magnolia SAT 78201 3,000 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Lean Regument / Runburgent OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cayee address; City; State; Zip Code 6-8-18 Amount (\$) Pavee address; 1,000 1903 W. Magnolia Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Loan Regagnat/Reimbursent EXPENDITURE Office held Candidate / Officeholder name Office sought 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) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages_Schedule F1: 2 FILER NAME 5 Payee name LONE STAR NATUNAL BANK SIC Payee address: City; State; Zip Code 7954 Frederiks buy Road SAT 78229 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Bank Fees EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) _ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ÓF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B		Travel In District Travel Out Of District Labor Other (enter a category not listed above)
Candidate/Officeholder/Politica	I Committee Legal Services Salanes/Wages/Contract The Instruction Guide explains how to complete this	•
1 Total pages Schedule F2:	2 FILER NAME EO GARZA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATIONS	\$ 12,078.28
5 Date	EDWARD D. GARZA	
7 Amount (\$)	Payee address: City: State: Zip Code	•
8,952.25	1903 W. Magnolia	SAT 78201
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
PURPOSE OF EXPENDITURE	Loan Repayment Reimburable [Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expenses pror to Jan 1, 2018	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sough H	Office held
Date 6-30-18	Payee name EOWARD O. GARZA	
Amount (\$)	Payee address; City; State; Zip Code	007 000 1
3,124,03	1903 W. Magnolia	SH()86(
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Reinhuiselle Experses	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE	From Jan 1, 2018 - June 30, 2010	Clieck if Austria, 12, directioned withing expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sough	nt Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED
l	UI (UAII UNBILIAIME AAI IEA AT TITTE AAITE	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name AMERICAN MINISTORACE (RIGHTSPACE)
7 Payee address; City; State; Zip Code 1-1-18 3567 Fredericksby Rel SAT 78201 political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OFFICE OVERHEAD Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 1-5-18 Amount (\$) City; State; Zip Code Online Dollas, TX 179,07 political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OFFICE OUTPLIFEAD ___ Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 1-5-18 Payee address; City; State; Zip Code Amount (\$) III S. Leona Reimbursement from political contributions SAT 79205 Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. FOOD Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	/Wages/Contract Labor Oth	er (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule G:	2 FILER NAME ED CARTA	3 F	Filer 1D (Ethics Commission Filers)
	5 Payee name		
1-19-18	DECO DIZZERIA		
Amount (\$)	7 Payee address; City; State; Zip Code		- a 1
89.04 Reimbursement from political contributions intended	1815 Fredericksbuy	Rd SAT	7870 l
3 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Consists Calcadia T
OF	F00()	Check if travel outside of Text	
EXPENDITURE	· 2.2		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Н	Office sought	Chice had
Date	Payee name		
1-26-18	PAESANOS		
Amount (\$)	Payee address; City; State; Zip Code		
118,95	555 E. BASSE SA	T 78209	
Reimbursement from political contributions intended	Je Lishne Ji	, ,	
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Fron	Check if travel outside of Te Check if Austin, TX, offi	
EXPENDITURE	(000)		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
2-1-18	AMBRICAN MINI-STE	PAGE (RIGH	TSDACE)
Amount (\$) 162, 00	Payee address; City; State, Zip Code		
Reimbursement from political contributions intended	3567 Fredericks by	Road SITI	1820)
DUDDACE	Category (See Categories listed at the top of this schedule)	(b) Description	0 4.4.04.41.7
PURPOSE OF EXPENDITURE	office over14640	<u> </u>	xas. Complete Schedule T. ceholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Travel In District Food/Beverage Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filter ID (Ethics Commission Filers) 2 FILER NAME Total pages Schedule G: EO GARZA 5 Payee name 4 Date 2-5-18 7 Payee address; 6 Amount (\$) online Dalles, TX Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OFFICE OUERHEAD Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name COOD TME CHARLIES Payee address; City; State; Zip Code 2922 BROADWAY SAT 78705 Amount (\$) Reimbursement from political contributions ntended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. 400P OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date LISA'S MEXICAN RESTARUNT ayee address; City; State; Zip Code 2-21-18 Amount (\$) 815 BANDERA RO SAT 78201 17,20 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF FOOD Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made I		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politic Credit Card Payment		eplains how to complete this form.	Carlot (errier a category not instead accord)
4			3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule G:	EO GARZ	A	3 Files 1D (Ethics Commission Filess)
4 Date	5 Payee name		
2-24-18	ORIGINAL DOI		
6 Amount (\$)	7 Payee address; City; State	·	
A3.02 Reimbursement from political contributions intended	3307 FREDE	picksburb RD	
8 PURPOSE	(a) Category (See Categories listed at the top of		
OF	150.0		side of Texas. Complete Schedule T.
EXPENDITURE	FOOD	La Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
2-26-18	*	44016	
Amount (\$)	SHAILE ST Payee address; City; State	; Zip Code	
24.50		EDRO SAT-	1978
ReImbursement from political contributions intended	1421 SAN P		
	Category (See Categories listed at the top of	this schedule) (b) Description	
PURPOSE OF EXPENDITURE	FOOP	 	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3-1-18	AMERICAN MIN Payee address; City; State	11-STORAGE	
Amount (\$)	Payee address; City; State	; Zip Code	COT -18 2-1
Beimbursement from political contributions intended	3567 Freder	is zip Gode ideshur Rd.	54 (7840)
BUBBOCE	Category (See Categories listed at the top of	1 —	
PURPOSE OF EXPENDITURE	OFFICE OVERHE	A Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEI	EDED
i	·		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made I		Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeholder/Politic Credit Card Payment	•	* * * * * * * * * * * * * * * * * * * *
	The Instruction Guide explain	ns how to complete this form.
1 Total pages Schedule G:		3 Filer ID (Ethics Commission Filers)
l (ED GAFIF	+
4 Date	5 Payee name	
3-5-18	AT+T	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code
Reimbursement from political contributions intended	online Pallos,	TX
8	(a) Category (See Categories listed at the top of this so	1 [
PURPOSE OF	OFFICE OVERHEAD	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	OFFICE OVERLY	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	. Payee name	·
3-9-18	BOOST MOBILE	
Amount (\$)	Payee address; City; State; Z	ip Code
Reimbursement from political contributions intended	115 ANGELES C	Pr SAT 78201
	Category (See Categories listed at the top of this so	chedule) (b) Description
PURPOSE OF	O TOTAL	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	DONATION -EHS	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
3-10-18	Hofbrau	
Amount (\$)	Payee address; City; State; Z	ip Code
Uple:32	7310 JONES MA	HISBERGER SAT 78209
Reimbursement from political contributions intended	, , , , , , , , , , , , , , , , , , , ,	
	Category (See Categories listed at the top of this s	
PURPOSE OF	tan 0	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1000	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consuling Expense Contributions/Donations Made (xpense Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
Creok Gald? aymem	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME FO CARZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3-11-18	County UNE 7 Payee address; City; State; Zip Code	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
52.37	20077 JH. 10 WEST	SAT \$8243
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	r oo	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	F000	Check if Austin, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
2-14-18	DECO PIZZERIA	
3-14-18 Amount (\$)	Payee address; City; State; Zip Code	2
99,69	Payee address; City; State; Zip Code 1015 Frederic Shu	y Rd.
Reimbursement from political contributions intended	SAT	78201
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	FOOD	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
3-16-48	BASIL	
Amount (\$)	Payee address; City; State; Zip Code	
25, 9 % Relimbursement from political contributions intended	9955 IHO Wast 9	SAT 7823 O
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	TOOP	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/t	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made I	
Candidate/Officeholder/Politic Credit Card Payment	al 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 G:	2 FILER NAME CO CARTA 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
3-24-18	B16Z
6 Amount (\$)	7 Payee address; City; State; Zip Code
Aeimbursement from political contributions intended	10106 State HW4151 SAT 78251
8 BURDOCE	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Foo O L Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
3-27-18	LISA'S
Amount (\$)	Payee address; City; State; Zip Code
G9 90 Reimbursement from political contributions intended	815 Bandera SAT 78278
	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
3-29-18	GOOD TIME CHARLES
Amount (\$)	Payee address; City; State; Zip Code
G.7.90 Reimbursement from political contributions intended	2922 Brodoway SAT 79201
BUDDOSE	Category (See Categories fisted at the top of this schedule)
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ED GARZA 5 Payee name 4 Date 3-31-18 FUDDRUGCERS 7 Payee address; City; State; Zip Code 6 Amount (\$) 9849 IHO West SAT 78230 72. 83 Reimbursement from political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. FOOL OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name AMERICAN MINI STORAGE Payee address; City; State; Zip Code 3567 Fredericksburg Rd. SAT 78201 4-1-19 Amount (\$) 162.00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF EXPENDITURE OFFICE OUTRHEAD Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATIT City; State; Zip Code online Dallos, TX political contributions Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OFFICE OUBRHEAD __ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME ED GARZA 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
4-3-18	WAUK-DN'S
	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	11075 IHO West SAT 78730
_	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held H
Date	Payee name
5-1-18	AMERICANI MNI-STORAGE
Amount (\$)	AMERICAN MNI-STORAGE Payee address; City; State; Zip Code
Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Frederickshuy Rol: SAT 1820
	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	OFFICE OVERIHEAN LI Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
5-3-18	AT+T
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	ontre Pollas, TX
5115500	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	OFFICE UVELHEAR Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Relmbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME FO GARZA 4 Date 5 Payee name OECO PIZZERIA yee address; City; State; Zip Code 5-22-18 1815 FREDERICICSBURG RD SAT 78201 (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. FOOR Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6-1-18 AMERICAN MINI - STORAGE Payee address; City; State; Zip Code 3567 Fredericksburg Rd. SAT 78201 162,00 reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ___ Check if travel outside of Texas, Complete Schedule T. OF OFFICE OUTRHEAD Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 6-3-18 Amount (\$) City; State; Zip Code Online Pallestx Heimbursement from political contributions (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OFFICE OUTRAGA? Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or transport and listed shows)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how to	s/Wages/Contract Labor o complete this form.	Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME ED GARZA	,	3 Filer ID (Ethics Commission Filers)
Date 6-19-18 Amount (\$)	5 Payee name LA MADELLINE 7 Payee address; City; State; Zip Code		3 /)
Reimbursement from political contributions intended	11745 IH 10 West		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	l ===	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		•
Relmbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED