

Submitted:

## San Antonio Independent School District

1700 Tampico St. • San Antonio, Texas 78207 Telephone (210) 554-2230 • Fax (210) 228-3126

Governmental & Community Relations

BOARD OF EDUCATION

PATTI RADLE President ARTHUR V. VALDEZ Vice President
DEBRA GUERRERO
Secretary
ED GARZA Member JAMES HOWARD Member STEVE LECHOLOP Member
CHRISTINA MARTINEZ
Member

PEDRO MARTINEZ Superintendent

## Notice Regarding the January 2018 Semi-Annual **Campaign Finance Reports**

Because of the severe weather and road conditions in San Antonio, Texas on Tuesday, January 16, 2018, all schools and offices of the San Antonio Independent School District were closed. As a result of the closure, some officeholders (SAISD Trustees) were not able to submit the semi-annual report on January 16, 2018.

These reports were received before 5pm on Wednesday, January 17 by Stephen Lecholop, SMD 1; James Howard, SMD 2; Arthur V. Valdez, SMD 4; Christina Martinez, SMD 6 and Ed Garza, SMD 7.

Carmen Vázquez-González, Executive Direc Governmental & Community Relations Depart	Date: Jan. 18, 2018 artment
Attest: Sworn to and subscribed before me by the sathe _18 _ th day of January 2018, to certify	uid <u>Carmen Varquez-Gonzalez</u> , this which, witness my hand and seal of office.
Rebecca f. Selvas	(Signature)
Rebecca L. Silvas	(Printed name of officer administering oath)
Notary Public	_(Title of officer administering oath)



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	uide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction Guide explains how to complete this form.				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  LAST  MS / MRS / MR  FIRST  LAST	MI 	OFFICE USE ONLY  Date Received	
	GARZA		0 ,	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;	SAT 78201	01-17-18P02:01 RCVD	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (210) 355 — 8565	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	VILLERATE	L .	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /S  3115 SUNSHINE  SAT 1	RANCH	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (20) 834 - 4960	EXTENSION		
9 REPORT TYPE	January 15 30th day before ell	Constant of the Constant	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year / 31 / 17	
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	Description	ISD Put. 7	
12 OFFICE	OFFICE HELD (If any)  SAISD BOARD  DISTRICT 7	13 OFFICE SOUGHT (If know	m)	
GO TO PAGE 2				

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1,074.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS ( LEMANGE LEMAN	<b>(3)</b>	\$ 14,452,25
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 FU	INDS	\$ 2,581,79
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ —
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU RETURNED TO FILER	TIONS	\$

www.ethics.state.tx.us

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ED GA	RZA	15 Filer ID (Ethics Commission Filers)
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		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Dance		COMMITTEE CAMPAIGN TREASURER NAME	,
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN \$
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	ZED Ψ
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,074,10
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	TDAY \$ 386.99
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING <del>LOANS</del> AS OF AY OF THE REPORTING PERIOD <b>LEIM</b> 6.	* 14, 452, 25
18 AFFIDAVIŢ			8 15 808 A
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.  NOTARY PUBLIC			
STATE OF TEXAS MY COMM. EXP. 5/19/21 NOTARY ID 13111944-9  Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed before me, by the said, this the, this the			
Har	46	MFUMUKANDA MASEMBO	NO TARY PUBLIC
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath			

# 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME ED GARZA	3 FIRST ID (Eulius Colliniassion Filers)
4 Date	5 Payee name STORAG STORAG	E
6 Amount (\$)	7 Payee address; City; State; Zip Code	
	3567 Fredericksbuy Re	7020
191,00		C 7820
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Office Overhead	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	1	
Date	Payee name	
7-2-17	ATUT	
Amount (\$)	Payee address; City; State; Zip Code	
158.79	Dollar TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
EXPENDITURE	Wer react	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
7-10-17	LONE STAR NATIONA	e BANK
Amount (\$)	Payee address; City; State; Zip Code	
	7954 Fredericksburg	Rd.
3.00	San Antonia TV	78229
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	, category (see categories	Check if travel outside of Texas. Complete Schedule T.
OF	7	Check if Austin, TX, officeholder living expense
EXPENDITURE	Fees	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	Н	
	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement **Event Expense** Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 1000 Corporate landes (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. AWARDS BXDENSE PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE CMargareta Mendoza Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF OFFICE ON BRHEAD EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date STAR NATIONAL BANK ayee address; City; State; Zip Code 7954 Fredericks buy Rd Payee address; Category (See Categories listed at the top of this schedule) Description 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 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I		
Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to		
1 Total pages Schedule F1:	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)	
4 Date Q -12-17		or chub	
6 Amount (\$)  44, 50	7 Payee address; City; State; Zip Code 723 Dev ACISON SAT 18201		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	PONATION	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9-20-17		ALBANC	
Amount (\$)	Payee address; City; State; Zip Code	0.0	
2.00	7054 Fredericks buy	18229	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10-20-17 LONE STAR NATIONAL BANK			
Amount (\$)	Payee address; City; State; Zip Code	1 12:15	
	LONE STAR NATION		
1.00	7954 Frederick		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	FEES		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 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 (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11-20-17		TIONAL BANK
6 Amount (\$)	7 Payee address; City; State; Zip Code 1954 Fredericksh	
8	(a) Category (See Categories listed at the top of this schedule)	Tx 78229 (b) Description
PURPOSE	,	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FEE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12-20-17	Payee address; City; State; Zip Code	AL BANK
Amount (\$)	Payee address; City; State; Zip Code	a A
1.00	1954 Frederickston	y 78229
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	FEE	Check if Assirt, 17, Officerolect fiving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
A	David diameter Charles The Order	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	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/OF	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting 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 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date DWARD THRU 12-3 City; State; Zip Code 7 Amount (\$) 9 TYPE OF Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE 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 OF **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 Revised 9/8/2015

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor 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 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: 4 Date 5 Payee name 6 Amount (\$) Frederickshing Rel Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OVERHEAD OFFICE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Payee address;

150	3567 Fredericksbi	y Rol	
Reimbursement from political contributions intended	San Antonia, T	X 18201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  OFFICE OVERHEAD	(b) Description  Check if travel outside of Texas. Complete Schedu  Check if Austin, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9-1-17	ATAT		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	DALLAS, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Scheduler  Check if Austin, TX, officeholder living expe	

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (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 3 Filer ID (Ethics Commission Filers) 4 Date HOME RUN CHICAGO MIDWAY 7 Payee address; City; State; Zip Code 9-5-17 6 Amount (\$) 5700 G. Licero Ave. Reimbursement from Chicago, Il 60639 political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. POOD EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9-6-17 PIZZERIA PARADISO Payee address; City; State; Zip Code 2003 P ST NW Reimbursement from Washington DC 20036 political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Pron GUIENSE EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee address; City; State; Zip Code 1647 20TH ST. NW Reimbursement from political contributions WASHINGTON DC 20009 intended (b) Description **PURPOSE** \_\_\_ Check if travel outside of Texas. Complete Schedule T. 1000 GXDENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 5 Payee name 7 Payee address; Reimbursement from 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. OFFICE OVERHEAL **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code ONLINE political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OFFICE OVERHEAD **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name 10-12-17 Amount (\$) City; State; Zip Code 7901 Callashan Rd Reimbursement from Antonio, TX 78229 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. **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code 2118 Fredericks buy Rd political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EVENT EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date RIGHT SPACE STORAGE address; City; State; Zip Code 3567 Frederickshuy Pd. Reimbursement from San Antonio, TX 78201 political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OFFICE OVERHEAD **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code ONLINE political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense **Event Expense** Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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) Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; 955 Reimbursement from SAN ANTONIO, TX 78204 political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. FOOD EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11-10-17 NW LOOP 400 224,41 Reimbursement from San Antonio TX 78216 political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF TRAVEL - 18 RR Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code Bandera Reimbursement from political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. FOOD GXDENS **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name CAPPANELLIS 7 Payee address; City; State; Zip Code 2524 N. MAIN Reimbursement from political contributions SAN ANTONIO, TX 78212 intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EVENT EXPENSE -**EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code 3567 Fredericksbuy Pd Reimbursement from political contributions (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code QULINE political contributions OALIAS TX Category (See Categories listed at the top of this schedule) intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OFFICE AVELHEAD EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Accounting/Banking Fees Food/Beverage Expense Travel In District Consulting Expense Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) 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) EO GARZA 5 Payee name 4 Date 7 Payee address; City; State; Zip Code 125 NW LOOP 410 Reimbursement from political contributions intended 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OFFICE OVERHATAD EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name ee address; City; State; Zip Code 12-6-17 1845 Frederickshuy Rd 78.35 Reimbursement from political contributions San Antopus, Tx 7900 | Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EVENT/FOOD EXPENSE 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 Payee address; City; State; Zip Code 125 NW WOR 410 357.21 Reimbursement from political contributions San Antonia, Tx 78216 Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OFFICE OVERHEAD Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015