CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	ED BARRA		Date Received
	NICKNAME LAST	SUFFIX	01-13-13P02:03 RCVD
	GARZA		01-15-15P02:03 RCVD
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING ADDRESS		CAT 70101	Date Hand-delivered or Postmarked
change of address	P.O. Box 100597 5	2H1 10201	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
OFFICEHOLDER PHONE		EATEROON	Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	GRACIE		88888 8999 9 888
3 V MVIE	NICKNAME LAST	SUFFIX	
	VILLERREAL		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS		0	20000
(residence or business)	3715 SUNSHINE	KANCH SA	T 18228
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(210) 834-4960		
9 REPORT TYPE	January 15 30th day before election		15th day after campaign
	January 15 30th day before election	Runoff	treasurer appointment (officeholderonly)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		mint	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
	7/1/2014 THROUGH	12/31/	2014
44 ELECTION	FLEXIOUTUGE		
11 ELECTION	Month Day Year ELECTION TYPE	Runoff X Ge	
	5/5/17	Kunon Ge	eneral Special
12 OFFICE	OFFICE HELD (if any)	12 055105 0011017 (71	
I OTTIOL	* **	13 OFFICE SOUGHT (if known)	
	SAISD Dist. 7		
	GO TO PAGE	= 2	
	GOTOPAGE	- 4	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ED GA	ARZA		15 ACCOUN	IT# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURES	S ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CA RUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OF	FICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THEES OF LOANS), UNLESS ITEMI		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 16,200				16,200
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURE	S OF \$100 OR LESS, UNLESS ITE	EMIZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 20,543,98				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 491.41				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9, 204, 95				
18 AFFIDAVIT					
SANDRA URIBE Notary Public, State of Texas My Commission expires May 14, 2018 Signature of Candidate or Officeholder					
Sworn to and subs		ne, by the said	Ed Gary	va	, this the
Landy	a Uris	ry, 20 5,	to certify which, witness	1	lotary
Signature of officer admir	nistering oath	Printed name of of	ficer administering oath	litle of	officer administ <mark>e</mark> ring oath

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:	
2 FILER NAME	ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of 8 In-kind contribution	
	Page Consoles		contribution (\$) description (if applic	able)
7-23-14	Rene Gonzalez 6 Contributor address; City; State; Zip Code		500-	
*	9114 Fairland SAT		 (If travel outside of Texas, complete Schedule	e T)
The second secon	pation / Job title (See Instructions)	10 Employer (See)	Instructions)	
	OUNTIN 6	SELF		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of In-kind contribution contribution (\$) description (if application)	
	Or Kajv Dahiya Contributor address; City; State; Zip Code		1	
7-23-14	Contributor address; City; State; Zip Code		= 00	
	9102 Floyd Curl SAT	19240	500	
	91102 Floya Cur 1 311	100.0	(If travel outside of Texas, complete Schedule	2 T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	l—————————————————————————————————————	. 1/
Phi	ysician	SELF		
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of In-kind contribution	
	I make and Comman Blog	at Caron	contribution (\$) description (if application)	able)
	Contributor address; City; state; Zip Code	1 Jampson		
9-3-14			1000	
	711 Navarro SA	1 18205		
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	pation / Job title (See Instructions) CUL Collection	Employer (See I	nstructions)	
		3001	A	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description (if application)	SSS
	David Christian		1	
10-3-14	Contributor address; City; State; Zip Code		200	
70 0 . [1800 Mc Cullough SA	778212	250	
	1000 1100000	•	(If travel outside of Texas, complete Schedule	, T)
	pation / Job title (See Instructions)	Employer (See I		-1/
r3	-TTORNEY	SELF		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contributio	
	Walter Serna		contribution (\$) description (if applica	able)
	Contributor address; City; State; Zip Code			
10-3-14			500	
	126 Villita SAT	7820S	i	
D			(If travel outside of Texas, complete Schedule	: T)
Principal occup	ration / Job title (See Instructions)	Employer (See II	nstructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME	ED GARZA		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	<u>_</u>	7 Amount of	8 In-kind contribution
10-3-14	Sabinal 6 Contributor address; City; State; Zip Code 237 W. Travis S		(If travel outside	description (if applicable) of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		
	CONSTRUCTION	SELF		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10-15-14	Tom FROST Contributor address; City; State; Zip Code 100 W. HOUSTON SC	AT 78205	I, OOO	description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	BANKER	SELF		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10-17-14	Martin Orought Pc Contributor address; City; State; Zip Code 300 Convent SA		acontribution (\$)	description (if applicable)
Principal occup	pation_/ Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ATTORNEY	F. Burne		
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of	In-kind contribution
10-21-14	Partel Zachry Contributor address; City; State; Zip Code 300 Shadylane	5AT 78209	contribution (\$)	description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
	ONSTRUCTION	SELF	•	10.
Date 16-24-14	Full name of contributor out-of-state PAC(ID#:_ Manny UI IIa Contributor address; City; State; Zip Code 335 E. Travis SAT	18205	Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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Michelle Kai man Contributor address; City; State; Zip Code 727 Sentry Hr II SAT 79260 Principal occupation / Job title (See Instructions) Date Full name of contributor Which y Gaeke Contributor address; City; State; Zip Code 1, 250 In-kind contribution description (if applicable) (if travel outside of Texas, complete Schedule T) Amount of contribution (s) In-kind contribution description (if applicable) (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Bradcesty Date Full name of contributor out-of-state PAC (IDH; Date Full name of contributor Out-of-state PAC (IDH; Funding of Contributor out-of-state PAC (IDH; Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Whoo Sholom Place SAT 70250 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		BESIGN	200		
Contributor address; City; State; Zip Code 727 Sentry Hill SAT 73260 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code 1, 250 Amount of contribution (if applicable) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City; State; Zip Code Hand Share Contributor address; City; State; Zip Code New York State; Zip Code Out-of-state PAC (ID#: Contributor address; City; State; Zip Code New York State; Zip Code New York State; Zip Code New York State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Contributor address; City; State; Zip Code 1250 12		Michelle Kriman		contribution (\$)	description (if applicable)
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID#; Contribution (\$) In-kind contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID#; Contribution (\$) In-kind contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID#; Contributor (\$) In-kind contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID#; Contributor (\$) In-kind contribution (\$) Contributor address; City; State; Zip Code 2-12-14 Pack Shalom Place SAT 70230 I, SOO (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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MISHY GARKE Contributor address; City; State; Zip Code 12-5-14 HT18 Leghwood Crack Humble, K7796 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code H802 Sholom Place SAT 70230 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)	- I	(94)	10/11		
MIGHY GARRE Contributor address; City: State: Zip Code 12-5-14 14718 Leighword Creek Frumble, N7736 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date				
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Principal occupation / Job title (See Instructions) Employer (See Instructions) 1,500		Contributor address: City: State: Zip Code		i	
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Employer (See Instructions)	Dulmain - I	-			f Texas, complete Schedule T)
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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	ED GARTA		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
	ARLENE STARR		contribution (\$)	description (if applicable)
12-12-14	6 Contributor address; City; State; Zip Code)		
1012.1	102 RUSTERS BU	He	1,500	
	ARLENE STARR 6 Contributor address; City; State; Zip Code 102, RUST ERS Bu SAT	78231	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		
H	omemaver	Stuf		
Date	Full name of contributor uut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
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12-12-14	Contributor address; City; State; Zip Code		1000	a a
121219	102 Rusters Butte	SAT	1,000	
		78231	(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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			contribution (\$)	description (if applicable)
	Contributor address: City: State: Zip Code			
12-18-14	SAT		500	
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Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	tealth Care		nefits le	
Date	Full name of contributor)	Amount of	In-kind contribution
	Poland Espara		contribution (\$)	description (if applicable)
10.00 111	Contributor address; City; State; Zip Code	*********		
12-23-14	325 S. Flores SAT	78204	200 1	
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Principal occup	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
	ATTORNEY	SEUF		e file
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Walter Serno	1	contribution (\$)	description (if applicable)
12 22-14	Contributor address; City; State; Zip Code		200	
12-2379	66 Villeta SAT -	79785	250	
	BG OTHER OFF	,04 DO	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
	ATTORNEY	304	***************************************	TO THE MANAGEMENT AND ADDRESS OF THE PARTY O

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contract Labor Contract Labor Contract Labor	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	ED CARTA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date July 7, 14	BEST BWY		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
201.49	125 NW LOOP 410	SAT 78231	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Overhead	Laptop Depair Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought Office held	
Date 7-10-14	Payee name USCA		
Amount (\$)	Payee address; City; State; Zip Code	*	
140	Po Box 100597 SAT	79201	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	6 C. IA 1	Scholarship	
EXPENDITURE	614 Awards	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
7-11-14	E () ()		
Amount (\$)	Payee address; City; State; Zip Code		
6.99	www.fb.me/cc CA		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adver h Si Ns	Description (If travel outside of Texas, complete Schedule T) EVENT COMO - School Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held	
Date	Payee name		
7-14-14	Edward Q. Garza		
Amount (\$)	Payee address; City; State; Zip Code		
250	1903 W. Magnolia	SAT 78201	
DUDDOOD	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Remburgement	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor Lo aising Expense Tr Co strict	ontributions/Donations	nt & Related Expense Made By ler/Political Committee
- North Married Control	The Instruction Guide explains how to	complete this form	• 1	
1 Total pages Schedule F:	EO GARZA		3 ACCOUNT # (E	thics Commission Filers)
4 Date 1-24-14	5 Payee name Comerica			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
18	615 NW LOOP 410	SAT 78	9216	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		ravel outside of Texas, con	-
OF EXPENDITURE	Accountry/Banking		Lie Charse in, TX, officeholder living	50
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought		Office held
Date	Payee name			
7-24-14	Edward D. Garrer			
Amount (\$)	Payee address; City; State; Zip Code			
250	1903 W. Magnolia	SA-T	78201	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Reimhursent	Check if Austi	n, TX, officeholder living	Report
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
1-28-14	OLLU			
Amount (\$)	Payee address; City; State; Zip Code	***************************************		
300	411 SW 24th Street	SAT	78207	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, com	olete Schedule T)
OF EXPENDITURE	Event Expense		er Cinic n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
8-5-14	EL Machito			1
Amount (\$)	Payee address; City; State; Zip Code			
81.28	7300 Jones Maltabe	riser SA	T 782	09
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, com	plete Schedule T)
OF	FOOD Expense	_ 500	nsor-S	scial
EXPENDITURE	00 10.117	☐ Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	21-24 2 -2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEI	EDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursem Transportation Equipment & Restrict Contributions/Donations Made Candidate/Officeholder/Pol Rental Expense OTHER (enter a category not	elated Expense By itical Committee
1 Total pages Schedule F:	2 FILER NAME EO GARZA	3 ACCOUNT # (Ethics C	ommission Filers)
4 Date 8-11-14	5 Payee name Oreso Lopez	·	
6 Amount (\$) 204.50	7 Payee address; City; State; Zip Code 8118 Datapent St	H 78229	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete S	chedule T)
OF EXPENDITURE	Event Expense	Popwar rev Training Check if Austin, TX, officeholder living expens	se
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Offic	e held
Date 8-22-14	Payee name Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
6.99	www. Ih me /cc CA	•	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete So	chedule T)
EXPENDITURE	Advertisy	Event Promo Check if Austin, TX, officeholder living expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office	e held
Date 8-25-14	Payee name Mighel Chavez		
Amount (\$)	Payee address; City; State; Zip Code	SAT 79201	
256-50	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc	hadula T)
PURPOSE OF EXPENDITURE	6 AlAward	TJ Schul ar3hi P	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office	
Date 9-2-14	Payee name HBI3		
Amount (\$)	Payee address; City; State; Zip Code	1	
60.14	194 Frederickshung Re	d. 81 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVELT Expense	Description (If travel outside of Texas, complete Some Meet Meet Check if Austin, TX, officeholder lightly expens	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office	held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Solic Food/Beverage Expense Trav Polling Expense Trav Printing Expense Office	rEGORIES FOR BOX 8(a) ries/Wages/Contract Labor citation/Fundraising Expense rel In District rel Out Of District ce Overhead/Rental Expense ains how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME EN GAR	7.A	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-4-14	5 Payee name Edward 0. (Barra	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
900	1903 W. Magni	l'a SAT	78201
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Reimbursot	_Previ	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ot Office held
Date 9-29-14 Amount (\$)	Payee name Payee address; City; State;	Wifi/Hate	. (
65.10	8008 Cedar Sonr		(75235
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this:	- Am	(If travel outside of Texas, complete Schedule T) OH JAN HE NET ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date 10 -3 -14 Amount (\$)	Payee name Andy Mireles T Payee address; City; State; Z	bundation	
100	329 Mary Lou	ise SAT T	18201
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	_ 60	If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	ustin, TX, officeholder living expense Office held
Date 10-6-14 Amount (\$)	Payee name Cahnel Ohreso Payee address; City; State; Z	☑ Zip Code	
204.50	no Dovey 7	SAT 78	3 21
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	_ Scl	(If travel outside of Texas, complete Schedule T) and anskip ustin, TX, officeholder living expense
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	SCHEDULE F
	EXPENDITURE CATEGORIES F	OR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Con	tract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District	ing Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Distri	
Fees	Printing Expense Office Overhead/Re	
4 T-1-1 0-1-1-1-5	The Instruction Guide explains how to c	
1 Total pages Schedule F:	ED GARTA	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
10-6-14	Whitaburger	
6 Amount (\$)	7 Payee address; City; State; Zip Code	V
19.47	2902 Balcones Hents	, Tx 78201
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	F 2 3 3 1	- Principal meeting
	FOOD BROWNSE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held
Date	Payee name	
10-6-14	NECO Przeria	
Amount (\$)	Payee address; City; State; Zip Code	
170.21	1815 Fredericksbuy Rd	. SAT 78201
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
38 31		
Date	Payee name	
10-6-14	Dylan Rodriguez	
Amount (\$)	Payee address; City; State; Zip Code	
50	2273 W. Magnolia	SAT 78201
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	6, Ct / Award	Dana tran TJ Student Check if Austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-15-14	BEST BUY	
Amount (\$)	Payee address; City; State; Zip Code	
133.11	125 NW Loop 410	SAT 78231
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Office Overhand	_ Laptop repair
EXPENDITURE	O THE C. TICKEST	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Company Solicitation/Fundrate Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/Foundation Guide Printing Expense The Instruction Guide Explains how to	contract Labor aising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions (Contributions) Candidate (Contributions) Candidate (Contributions) Candidate (Contributions) Candidate (Contributions) Candidate (Contributions) Candidate (Contributions)	
1 Total pages Schedule F:	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10 -16-14	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
15.48	3902 Mc Calloyh	JAT 78212	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	FOOD BXDENSE	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10-16-14 Amount (\$)	Payee address; City; State; Zip Code		
15.75	10060 THIO West	SAT 78231	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iftravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD EXPENSE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10-17-14 Amount (\$)	Colward D. Garra	,	
3,000	Payee address; City; State; Zip Code	CAT 70001	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Reimbusonert	Prov Expense Report Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10-20-14	TI Popwarner Chee	r	
Amount (\$)	Payee address; City; State; Zip Code		
66	727 Poraldson SA	79201	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Awards/6144S	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Н	Office sought Office held	
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10 -20 -14	5 Payee name Paesanos	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
67.44	555 E. Basse SAT	78212
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD EXPENSE	STATE REP. 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	
10-22-14	Comerica	
Amount (\$)	Payee address; City; State; Zip Code	
25	615 NW LOOD 410	SAT 78216
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Banking	Sew Le Charfl Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-24-14	Jefferson Nyhborhous	d Association
Amount (\$)	Payee address; City; State; Zip Code	
100	Pa Box 28552	SAT 78228
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Cochs/Awards	Scholars Liv Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-28-14	Olsa Hernandez.	
Amount (\$)	Payee address; City; State; Zip Code	
100	731 Clower SAT	78212
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel gutside of Texas, complete Schedule T)
OF EXPENDITURE	de Awnol/Donatun	BOO QateS Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor raising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-25-14	5 Payee name USCA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
210	Po Box 100097	8AT 79201
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	AWARD/ DONATION	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	
10-29-14	Jefferson JROTC	
Amount (\$)	Payee address; City; State; Zip Code	
160	723 Donaldson 8A	T 79201
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	AWARD/ DONATION	Spark H Unner Lakets
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-31-14	Comenco	
Amount (\$)	Payee address; City; State; Zip Code	
8.50	615 NW LOOP 410	SAT 78216
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CANKING	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name .	
10-31-14	California Pora K	itelan
Amount (\$)	Payee address; City; State; Zip Code	
115.52	255 E. Basse	SAT 78409
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD EXPENSE	Comnession DER SATES
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	/Contract Labor draising Expense st	Loan Repayment/Re Transportation Equip Contributions/Donati	ment & Related Expense
Fees		d/Rental Expense	The second secon	egory not listed above)
1 Total pages Schedule F:	2 FILER NAME BD GARZA		3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name Sylvenia Lorraine			
6 Amount (\$)	7 Payee address; City; State; Zip Code	II.		
24	306 Pearl SAT	7821	5	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	_ 3	(If travel outside of Texas,	stylneits
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ustin, TX, officeholder liv nt	Office held
Date 1/1	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
54	123 Donaldson	SAT	78201	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Donation	Check if A	and y ustin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t	Office held
Date 11-7-14	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	Α.		
49,84	8032 Frederickshy	Rd SAT	78229	
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, o	
Complete ONLY if direct	Candidate / Officeholder name		ustin, TX, officeholder liv	ing expense
expenditure to benefit C/O		Office sough		Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	***************************************		
55.63	10101 JH10 West	SAT -	18229	
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, o	V V
EXPENDITURE	food bedewse	Check if Au	ncyal Mi ustin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	200	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEEDED	

POLITICAL	EXPENDITURES	SCHEDULE IT
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contract Labor Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	ED GARJA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-10-14 6 Amount (\$)		TBALL
44 T	7 Payee address; City; State; Zip Code	SAT 78201
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) AWARD / DONATION	(b) Description (If travel outside of Texas, complete Schedule T) PD Q TLCLES Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 11-10 -14	Payee name MV + MV 6'5	
Amount (\$)	Payee address; City; State; Zip Code	Λ Λ
30.25	2222 S ww wh	e Rol
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tax ExitosE	Description (If travel outside of Texas, complete Schedule T) Band Di Vectov Check if Austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 11-24-14 Amount (\$)	Payee name Comenco Payee address; City; State; Zip Code	
8,50	615 NW WOP 41	10 SAT 78216
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date 12-11-14	Payee name USLA	
Amount (\$)	Payee address; City; State; Zip Code	8AT 78201
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	AWARD/DONATION	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

POLITICAL	EXPENDITURES	SCHEDULE F
	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	trict Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-(2-14	5 Payee name ACACAS 7 Payee address; City: State: Zip Code	
6 Amount (\$)		78201
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD EXPLENSE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held
Date	Payee name	
12-15-14	HE13	
Amount (\$)	Payee address; City; State; Zip Code	_
42.47	1701 Fridenoksky	Rd SAT 78201
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expens	Check if Austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12-15-14	Luke	œ
Amount (\$)	Payee address; City; State; Zip Code	
59.80	125 E. HOUSTON	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOUR EXPENSE	CABINET BOARD Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	Λ
12-15-14	Payee address; City; State; Zip Code	Call
Amount (\$)	Payee address; City; State; Zip Code	
102.50	5011 Ne Zavala	SAT 18249
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOUDENDENSE	HUUDAY-BOARD MTC Check if Austin, if X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/fi The Instruction Guide explains how to	trict Cabor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Contract Candidate/Officeholder/Political Committee Contract Cabor Candidate/Candidate	
1 Total pages Schedule F:	2 FILER NAME ED GARIA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-16-14	5 Payee name Chesters		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
232.92	9880 W. EH10	SAT 78230	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	AWARD / DONATION	USCA UT8 TEAM 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	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
1217-14	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
260	1900 FREDERICESBU	26 RD. SAT 79201	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	ALLAND EXPENSE	CoUE NIGHT	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1248-14	Comena		
Amount (\$)	Payee address; City; State; Zip Code		
42	GO NW LOOP 4	10 SAT 78216	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	BANKING	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date /	Payee name		
12-29-14	Magglanos		
Amount (\$)	Payee address; City; State; Zip Code		
69.88	17603 IH 10 W.	SAT 78257	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD TOUT + DWARS	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULF F

· OLITIOAL	LAI LADITORLO	SCHEDOLE I
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Countries Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Committee Comm
1 Total pages Schedule F:	2 FILER NAME ED GARTA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-24-14	5 Payee name	
6 Amount (\$) 361,76	7 Payee address; City; State; Zip Code	Palles, TX 75218
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 12-24-14 Amount (\$)	Payee name Edward D. Govzo Payee address; City; State; Zip Code	
7,650	1903 w. Magnola	SAT 78201
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reinburs nut	Description (If travel outside of Texas, complete Schedule T) Privious Expense Legort Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
expenditure to benefit C/OF	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Expense Salaries/Wages/Cor Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distri Printing Expense Office Overhead/Re The Instruction Guide explains how to co	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ontal Expense OTHER (enter a category not listed above)			
4 Total marrie Cabadula Ci	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
1 Total pages Schedule G:	EDGARZA	3 ACCOUNT # (Lunes Commission Filers)			
4 Date	5 Payee name				
7-1-14	AMStorage				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Delimbursement from political contributions intended	3567 Frederickans	RD. SAT 78201			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Office Overlead	Stora-Stora Check if Austin, TX, officeholder living expense			
Date	Payee name				
7-9-14	Lisas				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	815 Bandera Rol	SAT 79228			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	FOOD EXPENSE	POP WARDER Check if Austin, TX, officeholder living expense			
Date	Payee name				
4					
7-10-14	Saltgras S				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	11745 1 HIOWEST	SAT 78230			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Food Expense	Spousous Lip Breed Check If Austin, TX, officeholder living expense			
Date	Payee name				
7-13-14	Betos				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	8142 Broadway	SAT 78209			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Foin Expense	Check if Austin, TX, officeholder living expense			
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED			

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	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense	Loan Repayment/Reimbursement		
Consulting Expense	Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of District	Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
- 11	ED GARZA	,		
4 Date	5 Payee name			
1-22-14	Paesanos			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from	Too to a cont 10	- 0		
political contributions intended	555 E. Basse SAT 78	209		
8 PURPOSE OF		tion (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		EVILL SPONSEY ck If Austin, TX, officeholder living expense		
Date	Payee name			
7-24-14	ATIT			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from	1 1200	7 252(8)		
political contributions intended	1152 N. Bucker Dalla	SINCL XILE		
PURPOSE OF	Category (See categories listed at the top of this schedule) Descript	tion (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Office Overlead	Cell		
	Chec	ck if Austin, TX, officeholder living expense		
Date	Payee name			
7-25,14	Salt Grass			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from	11745 1H10 West SAT 7	19230		
political contributions intended	11 12 1410 Mesi Di			
PURPOSE	Category (See categories listed at the top of this schedule) Descripti	ion (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	M	lan Etizonlo		
	FOOD Experse Check	k if Austin, TX, officeholder living expense		
Date	Payee name			
7-29-14	18505			
Amount (\$)	Payee address; City; State; Zip Code			
/ 99.33	815 Bandera SAT 78	3228		
Reimbursement from political contributions intended	0.3 Buration SIII			
PURPOSE	Category (See categories listed at the top of this schedule) Description	On (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	FUND EXPENSE	USUA CocachS		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Office Overhead/Ro	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule G:	ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
8-1-14	7 Payee address; City; State; Zip Code	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	3567 Fredericksby	Rd SAT 78201
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	office Overland	Storaje Check If Austin, TX, officeholder living expense
Date	Payee name	
8-11-14	Maggianos	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	17603 1410W. St	T 78257
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOUR EXPENSE	Event SporSov Check if Austin, TX, officeholder living expense
Date	Payee name	
8-13-14	Lisas	
Amount (\$)	Payee address; City; State; Zip Code	·
Reimbursement from political contributions intended	815 Bandera Rel	SAT 18228
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Expense	Check if Austin, TX, officeholder living expense
Date	Payee name	
8-15-14	Mamais Cafe	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	2442 Nacogdoches	SAT 78217
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD BOXDONSE	Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundra Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/f	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
8-17-14	Alamo Pent A CAR	•	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	8530 Easten St. S	AT 78216	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Transportation	Car Ro ta Check if Austin, TX, officeholder living expense	
Date	Payee name	,	
8-19-14	Salt Grass		
Amount (\$)	Payee address; City; State; Zip Code	200	
Reimbursement from political contributions intended	11745 1410 W. S	AT 79230	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	toon expension	PANT SPONSOC	
Date	Payee name		
8-25-14	AT+T		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	1152 N. Bucker	Pallas, TX 75218	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	000 000	_ Cell	
	Office Over lead	Check if Austin, TX, officeholder living expense	
Date	Payee name		
8-30-14	County Line		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	10101 1410 West	SAT 78229	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		_	
		Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contra Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Renta e explains how to com	Expense Tra Con I Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME EQ 6ARZ	A		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
9-1-14	AM Storage 7 Payee address; City, Sta	, <u> </u>		
6 Amount (\$)	7 Payee address; City, Sta	ate; Zip Code	Can	200
Reimbursement from political contributions intended	3567 Fred	enelch Rol	L 841	78201
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b)	100	avel outside of Texas, complete Schedule T)
EXPENDITURE	office Overl	eal	Check if Austin	n, TX, officeholder living expense
Date	Payee name			
9-6-14	Carrabhas			
Amount (\$)	1 2041 - EUI - CTBROKE COURT	ate; Zip Code	Nest <u>Inches</u>	
Reimbursement from political contributions intended	12507 1H 10	west s	AT 782	130
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD Expens	e		Narvev n, TX, officeholder living expense
Date	Payee name			
9-14-14	Tx Road House			
Amount (\$)		ate; Zip Code		
Reimbursement from political contributions intended	2893 Cirema	Redse St	AT 78	738
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	toon Expens	_		TE REP . TX, officeholder living expense
Date	Payee name			
9-24-14	Pappadeux			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended	76 N.E Leop	410 SI	T 78	3216
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Four Expens	e		C Group TX, officeholder living expense
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Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)		
<u> </u>	ED GARZA		
4 Date	5 Payee name		
10-1-14	Storage - AM		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	3567 Frederekshy Pd SAT 78201		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Office Over lead Check If Austin, TX, Officeholder living expense		
Date	Payee name		
10-10-17	Tx Road House		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	2893 anema Redge 8AT 18238		
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	FOUND BENEWSE FOOTBELL Pre-game Check if Austin, TX, officeholder living expense		
Date	Payee name		
10-21-14	Doyh Pinzeria		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	16989 Blanco Rel SAT 78216		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	FOOD EXPENS TUHS-HPS		
2	Check if Austin, TX, officeholder living expense		
Date	Payee name		
10-23-14	6000 TIME CHARIES		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	2922 Brookway SAT 78201		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	USLA		
	FOUR TRUETSE Check if Austin, TX, officeholder living expense		
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SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	contract Labor aising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contributions Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
10-26-14	PFChangs		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	255 E. Basse 8	SAT 78209	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD EXPLANSE	THEATILE BLUEP Check if Austin, TX, officeholder living expense	
Date	Payee name		
10-28-14	GOOD TIME CHAPLI	ES	
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	2922 Broadway	8AT 78212	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD EXPENSE	Check if Austin, TX, officeholder living expense	
Date	Payee name		
10-31-14	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	240 8. Houston	SAT 78205	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Transportation	Meeting w/ City Check if Austin, TX, officeholder living expense	
Date	Payee name		
11-1-14	Am Storage Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	3567 Fred Pd SA	T 78201	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Overhead	Storage Check if Austin, TX, officeholder living expense	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Con Solicitation/Fundrals Travel In District Travel Out Of Distr Office Overhead/Re e explains how to co	ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 Total pages Schedule G:	2 FILER NAME EO 6A	RZA		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	*== ×		
11-3-14	Beacon Hill		fice	
6 Amount (\$)	1 12	ate; Zip Code		
Reimbursement from political contributions intended	1664 Vance	Jackson	~ SAF	T 78301
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	office EVEV	head	Check if	O BOX Austin, TX, officeholder living expense
Date	Payee name			
11-4-14	Alamo Cafe			
Amount (\$)	1907 1007	ate; Zip Code	MIT	2.9
Reimbursement from political contributions intended	10060 HIH 10) West	SHI	79130
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FUON BXAEN	SE		Llyhall Pre gane Austin, TX, officeholder living expense
Date	Payee name			
11-10-14	AT+T			
Amount (\$)	0. (not the contract of the c	ate; Zip Code		
Reimbursement from political contributions intended	1152 N. Bud	kner De	elles, T	x 75218
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	offe Overle	ic Q	Check if A	Austin, TX, officeholder living expense
Date	Payee name			
11-20-14	Salt Gross			
Amount (\$)	Payee address; City; Stat	ite; Zip Code		
Reimbursement from political contributions intended	11745 1H10	N. S	AT 78	3230
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD EXAPT	SE		dmin/ Or repul ustin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	and the control of th		
Accounting/Banking	Legal Services Solicitation/Fundra			
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	Contributions/Donations Made By strict Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/F			
4 444400	The Instruction Guide explains how to	,,,,,,,,		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
	ED GARZA			
4 Date	5 Payee name	•		
11-23-14	Panadeaux			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
100.7	76 N.G. LOOP 410 3	CAT 78216		
Reimbursement from political contributions	16 N.7. Wap 113	31(1 . 2512		
intended				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	1	Coacles		
	toon expense	Check if Austin, TX, officeholder living expense		
Date	Payee name			
17-1-14	AM Storage			
Amount (\$)	AM Sturage Payee address; City; State; Zip Code			
- 120	Tayoo address, Sity, State, Lip State			
Reimbursement from	25/2 - 1 11	a sat - a		
political contributions intended	3567 Frederichy	Rel SAT 78201		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	overlead office	Storage		
	Over had of File	Check if Austin, TX, officeholder living expense		
Date	Payee name			
20 - 110	1 0			
12-7-14	Lus (Barn'os			
Amount (\$)	Payee address; City; State; Zip Code			
29.81	4223 Blanco Rel.	SAT 78212		
Reimbursement from political contributions	THO Dlanco Ices.	311 7 ()		
Intended	200	1		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	FOOD EXPENSE	LASSOS		
	700r 04/0-5	Check if Austin, TX, officeholder living expense		
Date	Payee name			
12-12-14	Cide Parkin			
Amount (\$)	Payee address; City; State; Zip Code			
- 10	1911 AP 00	7		
Reimbursement from political contributions	240 B. Howston	SAT 78205		
intended	Cotocony (Consoleration listed at the top of this selection)			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Transportation	City Meeting		
	Crow Mar.	Check if Austin, TX, officeholder living expense		
<u>'</u>	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDIN E V6 NEEDED		
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name		
12-15-14	City Parker		
6 Amount (\$) 12	7 Payee address; City; State; Zip Code		
Deimbursement from political contributions intended	240 E. HOUSTON SAT 78205		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Transportator City Meets Check if Austin, TX, officeholder living experise		
Date	Payee name		
12-18-14	California Pizza Ketcler		
Amount (\$)	Payee address; City; State; Zip Code		
Poimbursement from political contributions intended	255 Base SAT 79209		
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Food Experse Check if Austin, TX, officeholder living expense		
Date	Payee name		
12-19-14	Paesanos		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	555 E. Basse SAT 78209		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Heon Expense Leaders Aprication Check if Austin, TX, officeholder living expense		
Date	Payee name		
12-28-14	Mascianes		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	17603 (HIO WEST 79257		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	FOOD EXPENSE Leaders Appreciation Check if Austin, TX, officeholder living expense		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/R The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations	
1 Total pages Schedule G:	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-30-14	5 Payee name Chrs Madids		
Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	JAT 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOUR EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Pasket ball Pre-Game Check If Austin, TX, officeholder living expense Evert	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$) Belimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			