CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MR FIRST	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	GARZA		01-15-20P03:47 RCVD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX 100597	CITY; STATE; ZIP CODE	LOTO LOTO
Change of Address	Sen ANTONIO TOX	78201	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (20) 355-8565	EXTENSION	Date Mand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	ORA CE	SUFFIX	Dale Processed
	VILLERROA		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUNSHI		STATE; ZIP CODE
(Residence or Business)	SAN ANTO	NO TR 78ZZ	8
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 834 - 4966	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 1 2019	THROUGH 12	31/2019
11 ELECTION	ELECTION DATE Month Day Year Primary 5 4 202 General	Runoff Other Description Special	O DIST. 7
12 OFFICE	SAISO DISTRICT 7 School Board	13 OFFICE SOUGHT (if known)	
		PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		,	1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IDATE / OFFICEHOLDER. <i>THESE EXPENDITURE</i> NSENT. CANDIDATES AND OFFICEHOLDERS AR	ES MAY HAVE BEEN MADE WI	TURES MADE BY POLITICAL COMMITTEES TO THOUT THE CANDIDATE'S OR OFFICEHOLDER'S S INFORMATION ONLY IF THEY RECEIVE NOTICE		
NIA	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NA	AME			
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER A	DDRESS			
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 ES, LOANS, OR GUARANTEES OF LC IBUTIONS MADE ELECTRONICALLY)	ANS, OR	AN \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNLESS	\$				
	4. TOTAL POLITICAL EXPENDITURES \$4,198,32					
CONTRIBUTION BALANCE	5. TOTAL F	#198,32 DAY \$ 107.42				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTA AY OF THE REPORTING PERIOD	NDING LOANS AS OF T	\$ 3,577.40		
18 AFFIDAVIT	1					
CAN PORT OF THE PO	SANDRA URIBI Notery Public, State of 71 My Commission expli May 14, 2022 ID # 260073-2	true and con	rrect and includes all info	perjury, that the accompanying report is commation required to be reported by me		
ir .			Signature of Can	didate or Officeholder		
AFFIX NOTARY STAM		Ell	1	15h		
Sworn to and subso	0.0		11/20	, this the		
day of Januar	y .20 IV.	to certify which, witness my han	d and seal of office.	Noforg		
Signature of officer a	administering oath	Printed name of officer adm	inistering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)							
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
ι λ 1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$							
4.	SCHEDULE E: LOANS	\$							
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 757.35							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,517.40							
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 FUNDS	\$ 3,440,97							
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) GARTH 4 Date 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Zip Code City; State: **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 715/19 DULCE VICTORIA Amount (\$) City; 43,30 Description Category (See Categories listed at the top of this schedule) **PURPOSE** SUMMOR SESSION OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	/ages/Contract Labor Other (enter a category not listed above)
Oredit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME TO CAPTA	3 Filer ID (Ethics Commission Filers)
4 Date 7/8/19	5 Payee name DALLY QUEEN	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
14.68	3436 Culehra	Sun Antonoo, TK 78220
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FOOD EXPENSE	Summer CAMP MEAL
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
718/19	Riverbenel Garage	
Amount (\$)	Payee address;	City; State; Zip Code
20,00	210 N. PRESA	San Antono, Ty 78205
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	TRANSPORTATION	APARTHUR WINCHEON
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
718/19	Sorrento	
Amount (\$)	Payee address;	City; State; Zip Code
84.90	5144 Broadway Sc	u Antonio TX 78209
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Pour Expense	UDUNTET K SIC GARES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Orbuit Gard Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME ED GARA 3 Filer ID (Ethics Commission Filers)
4 Date 19 19	LONE STAR NATIONAL BANK
6 Amount (\$)	7 Payee address; City; State; Zip Code
6.47	7954 Frederickshung Road Sun Antonio, Tix 78229
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	FEES BANK ACCOUNT
, ,	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
7131/19	RIGHTSPACE
Amount (\$)	Payee address; City; State; Zip Code
192.00	3567 Frederelshy Road Sun Antonio, TX 78201
•	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	OFFICE OUBRHOAD STORAGE
-	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
8/5/19	RIGHTSDACE
Amount (\$)	Payee address; City; State; Zip Code
(62,00	3567 Frederick buy Road Sun Antonio, TX 78201
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD STOKAGE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	onplete this form.
1 Total pages Schedule F1:	2 FILER NAME D GANCA	3 Filer ID (Ethics Commission Filers)
4 Bl 20119	5 Payee name STAL NAT'L 7 Payee address;	- BANK
6 Amount (\$)	7 Payee address; 7954 Fred encloshuy	Rd. San Antonio TX78229
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FEES	BANK ACCT.
	(c) Check 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	Office sought Office held
Date	Payee name	
8/26/19	B16Z	
Amount (\$)	Payee address;	City; State; Zip Code
31.73	10/06 Tx-18/ San An	tonto, TX 18251
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	FOOD EXPLUSE	PERFELT ATTENDANCE
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8127/19	STARBUCKS	
Amount (\$)	Payee address;	City; State; Zip Code
46.50	2202 Fredericksbu	& Road
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	foon buness	OFFI CARD RECOGNITION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/We The Instruction Guide explains how to co	orges/Contract Labor Other (enter a category not listed above) ormplete this form.
1 Total pages Schedule F1:	2 FILER NAME OF GARTA	3 Filer ID (Ethics Commission Filers)
4 Date 9/20(19	5 Payee name LONE STAR NAT'L	BANIC
6 Amount (\$)	7 Payee address;	City; State; Zip Code
6.47	7954 Frederickshi	of Rd San Antonio, TV 78201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FEES	BANK ACCT.
	(c) Check 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/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/18/19	LONE STAR NAT	L BANK
Amount (\$)	Payee address;	City; State; Zip Code
6.47	7954 Frederickshup	Rd San Antonig TX 78201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	10	1
EXPENDITURE	PEES	BANK HOOT.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/18/19	HEB	
Amount (\$)	Payee address;	City; State; Zip Code
39,33	2118 Frederikshy	Road- San Antono TX 78201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FALL LEACUES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ED GARA	3 Filer ID (Ethics Commission Filers)	
4 Date 1 20/19	E Daves name	TL BANIC	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
6.47	7954 Frederick by 1	el. San Antonio TX 79201	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	BANK ACCT.	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/20/19	LONE STAR NAT!	L BANK	
Amount (\$)	Payee address;	City; State; Zip Code	
6.47	1954 Fredericksby Rd. Sont	Intonio, TX 78279	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	BANK ACCT.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

LINPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Travel In District Food/Beverage Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: GARTA 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 1903 W. Magnolia San Antonio, Tr. 78201 9 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 Reimbursaner Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Magnolia Sen Antono, TX 78201 3,440.97 TYPE OF Non-Political EXPENDITURE Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. REIMBURS EMENT PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE EXPENSES Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	-	al Services he Instruction Guide explain		lages/Contract Labor	Other (enter a category	y not listed above)
		TO MISTIGOTION CONTROL OXPIGN				
1 Total pages Schedule G:	2 FILER NAME	30 GARRA	+		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name					
7/1/19	AT+	<u>-T</u>				
Amount (\$) Reimbursement from political contributions intended	7 Payee address	Dallas, T	' X	City;	State;	Zip Code
8 PURPOSE	(a) Category (See	Categories listed at the top of this s	chedule)	(b) Description		
OF EXPENDITURE	OFFICE	F OUERHEAD	0	PHONE	= /INTERN	FT
	(c) Check	if travel outside of Texas, Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate .	/ Officeholder name		Office sought		Office held
Date	Payee name					
7121/19	Grot	ro				
Amount (\$)	Payee addres			City;	State;	Zip Code
Reimbursement from political contributions intended	4715	West ham	nev X	770	127	
nimaar	Category (See	e Categories listed at the top of this		Description		
PURPOSE OF	toon	BORKE	-	CAMPAL	GO APPECIA	ITION MAKES
EXPENDITURE		k if travel outside of Texas. Complete S	chedule T.		tin, TX, officeholder living a	
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought		Office held
expenditure to benefit C/						
Date	Pavee name					
7/26/19	ta	Taquevia	Monte	erry		
Amount (\$)	Payee addres	20.	(City;	State;	Zip Code
Reinfbursement from political contributions intended	271	5 Hillery	it	San Anton	10, Tx 7	8228
DUDDOCE	Category (Se	e Categories listed at the top of this	schedule)	Description	^ .	
PURPOSE OF	F08	D BUNERSE	5	Summe	e Session	
EXPENDITURE	Chec	k if travel outside of Texas. Complete S	ichedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	:DED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Servi	ices truction Guide expl		Vages/Contra complete th		Other (enter	a category	not listed above)
		7110 1110							
1 Total pages Schedule G:	2 FILER NA	AME 9	GARZ	A		V	3 Filer ID	(Ethics C	Commission Filers)
4 Date	5 Payee na	me							
8/1/19		TAT							
6 Amount (\$)	7 Payee ad	idress;				City;		State;	Zip Code
Reimbursement from political contributions intended			E, Da						
8 PURPOSE	(a) Category	y (See Catego	ries listed at the top of thi	s schedule)	(b) Desc	ription			0
OF	OF	FVE	OUERHE	=AD	6	hone	2/1n!	ben	T .
EXPENDITURE			0,	0			1 0.0	as the same	onne.
	(c)		outside of Texas, Complete	Schedule 1.			n, TX, officeholds		
Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Offic	eholder name		Office sou	ught		· · · · · · · · ·	Office held
Date	Payee na	ame							
8128/19	W	nortal	surjer						
Amount (\$)	Payee ad	ddress;	9			City;		State;	Zip Code
Reimbursement from political contributions intended	80	502	Fredericks	dy T	ld. 5	Sun A	entono	TK	76212
	Categor	y (See Catego	ories listed at the top of th	ils schedule)	Desc	ription			
PURPOSE OF	To	DO 6	MANG	5	1	BULLIN	1 DO I K	111	bul
EXPENDITURE	(0,	- 0	<i>)</i> , 40, 30			Julian	90/11	PIC	714
		Check if travel	outside of Texas. Complete	e Schedule T.		Check if Aust	tin, TX, officehold		
Complete <u>ONLY</u> if direct expenditure to benefit C/		idate / Offic	ceholder name		Office so	ught			Office held
Date	Payee na	ame							
01110	Λ-	11							
911117	H	141							
Amount (\$)	Payee a	ddress;				City;	St	tate;	Zip Code
Reimbursement from political contributions intended	On	lue	1 Palles	, TX					
	Categor	ry (See Categ	ories listed at the top of th	nis schedule)	Desc	cription			
PURPOSE	ots	1-	14011	$\Lambda \cap$	DL		10. 100	. 1	
EXPENDITURE	OH	TICE	0 VERIFE	H)	Pr	love	Inter	N	
		Check if trave	loutside of Texas, Complet	e Schedule T.		Check if Aus	tin, TX, officehold	ter living ex	kpense
Complete ONLY if direct expenditure to benefit C/OH		lidate / Offi	ceholder name		Office so	ought			Office held
	AT	rach add	ITIONAL COPIES	s of THIS	SCHEDUL	E AS NEE	DED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule G:	2 FILER NAME OF GARA	3 Filer ID (Ethics Commission Filers)
4 Date 9 1 1 9	5 Payee name RIGHT SPACE	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 3567 Frederickshu	State; Zip Code Rd. Sun Antonio, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	OFFICE OVERHEAD	STORAGE
	(c) Check 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/OH	Candidate / Officeholder name	Office sought Office held
Date 9 1 19	Payee name Grady'S	
Amount (\$) 25 42 Reimbursement from political contributions intended	Payee address; 4109 Frederickshuj	Road SunAntonio, TX 78201
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	FEOD OXYENSF	LEADERSHIP MEETING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Office held
915 119	Payee name Shacke Shack	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	3003 Bnoadway	Sun Antono it 78209
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Fron EXPENSE	PLANNING TEAM
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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 9(22)(9	5 Payee name Soluno
6 Amount (\$) (62.73 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7959 Broodway San Antonio, 7x 782 09
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Description
EXPENDITURE	(c) Check 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/OH	Candidate / Officeholder name Office sought Office held
Date 91241 19	Payee name La Sorrantina
Amount (\$) Reimbursement from political contributions intended	Payee address; City: State; Zip Code 3330 Culebra San Antondo (TX 78228)
PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Description
EXPENDITURE	TOOD SKATS UST 6 HAVE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date 931 9	Payee name Whata Lunov
Amount (\$) Reimbursentent from political contributions intended	Payee address: City: State: Zip Code 4646 W. Commerce San Antono, R 78237
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description FOOD EXPLESE FAU 194 UPA64E
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selevise/Mares/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME PO GANZA	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
9128/19	Taco Cahana				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended	4315 NW 600 460	San Antonio, TX 78229			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	FOOD EXPENSE	Fall Ceasulqu Players			
9	(c) Check 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/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
10/11/9	AT+T				
Amount (\$)	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended	Online Dallos, TX				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	OFFICE OUBCHEAD	Phone I Inknot			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date	Payee name				
10/3/19	Whatabuyer				
Amount (\$)	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended	4502 Frederickshuj	-Rd. San Antonio, TX 7820(
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	FOR EXPENTE	tall lau Players			
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (Institute of the Control of the Con

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name			
10/7/19	whatagoner			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4205 Frederics by Rd. Sun Antonio, TX 7820 (
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	FOAD EXITABLE FOIL 194 Playors			
LAFENDITORE	(c) Check 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/OH	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
1011619	Whatahujer			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	4590 NW Coop 410 Seen Antonio, & 78225			
PURPOSE	Category (See Categories listed at the top of this schedule) Description			
OF EXPENDITURE	Toog Expense Fall 194 Players			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH			
Date	Payee name			
10/18/19	Deco Pizzeña			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2026 Bakock San Antonio TX 78279			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF	FOOT EXPENS LEADERS NEETNE NERCOM			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 30 GARLA 4 Date 5 Payee name Tayon address; State; State; Zip Cod 3002 Broadway San Antonio, TX 78209 Zip Code political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF ANNING TEAM **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date City; Payee address; 4590 WW Loop 410 San Antonio j Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Cracker Barrel 98 NE Hwy 410 San Antones, political contributions

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Legal Services 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: 5 Payee name Date City; NW Loop 410 San Antono, TX 78229 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** tal OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date THOWEST San Antonio TX Zip Code 87 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date oop 40 San Antonio; political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE G

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** 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) 2 FILER NAME Total pages Schedule G: 4 Date 5 Payee name 7 Payee address; City; State; Zip Code Amount (\$) Vallar, 17 Reimbursement from QNUNE political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF HEICE QUerhea **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Hwy 40 San Antoneo, TX Reimbursem political contributions Description \C PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) w. University Exosphores; Reimburgement from political contributions intended

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic		Legal Services		Salaries/V	Vages/Contract Labor	Other (enter a category)	not listed above)
Credit Card Payment		The Instruc	tion Guide expl	ains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethics C	ommission Filers)
14	E	30 Gt	MA				
4 Date	5 Payee nar	ne					9
11/6/19	who	Auhu	yer				
6 Amount (\$)	7 Payee ad	dress;	9		City;	State;	Zip Code
Reimbursement from political contributions intended	514	, W.G	1 press	Sur	Antonoj	Tx 7821	2
8 PURPOSE	(a) Category	(See Categories)	isted at the top of thi	s schedule)	(b) Description		1
OF EXPENDITURE	FE	00 E	XPENS	F	Fall	94 Dayer	(BALSO
	(c)	Check if travel outsid	de of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	date / Officeho	ilder name		Office sought	C	Office held
Date	Payee na	me					
11/8/19	Ca	P. pare	(8<				
Amount (\$)	Payee ad	dress;	- J		City;	State;	Zip Code
Reimbursement from political contributions intended			in St.	Sun	Antono 1	X 79205	
	Categor	/ (See Categories	listed at the top of th	nis schedule)	Description		
PURPOSE OF	FOE	10 13	O ENSE	>	1 LADIS	Rlyport	L
EXPENDITURE		· U	ide of Texas. Complete		Check if Au	stin, TX, officeholder living ex	
	Candi	date / Officeho		- Contour I	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		Tate / Omoon	Jack Hamo				
Date	Payee na	me					
11/23/19	Dia	nas 1	Burgers				
Amount (\$)	Payee ac		0		City;	State;	Zip Code
Reimbursement from political contributions intended	280	2 Za	Zamobi	a Sa	a Antono	0/[x 78	201
PURPOSE	Categor	/ (See Categories	listed at the top of th	nis schedule)	Description	. 1	
OF	Foi	TO EX	PERSE		tall	Aukais1	\cap
EXPENDITURE	П	Check if travel outs	ide of Texas, Complete	e Schedule T.	Check if Au	istin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeh	older name		Office sought	,	Office held
	ATT	ACH ADDITI	ONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
11/25/19	Taco (ahana				
6 Amount (\$) 32,36 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2527 NW Loop 460 San Antonu TK 78228				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	FOOD EXPENSE 194 Player SALSI)				
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder IMing expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
Date 11 26 (9 Amount (\$)	Payee name Shake Shack Payee address; City; State; Zip Code 3003 Broadway Sun Antonio Tv 78709				
Reimbursement from political contributions intended	0				
PURPOSE	Category (See Categories listed at the top of this schedule) Description				
OF EXPENDITURE	FOOD BLOTENST 194 Players TM				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
12/1/19	AT+1				
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online Dallas TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVER HAD Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME TO GARIA 3 Filer ID (Ethics Commission Filers)				
4 Date 12/3/19	5 Payee name Chtck-fil-A				
6 Amount (\$) 23 8 Reimbursement from political contributions intended	Payee address; City; State; Zip Code Balcones Heights, TX 78201				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	FOO EXJENSE FALL ENERGY S (c) Check 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/OH	Candidate / Officeholder name Office sought Office held				
Date 12/4/17	Payee name Taco Cahana				
Amount (\$) 34.76 Reimbursement from political contributions intended	Taco Cahana Payee address; City; State; Zip Code 4315 NW WOOP 40 San Antono TX 78 729				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description TOO EXPENSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
Date 1246 19	Payee name Grimaldis				
Amount (\$) 72, 53 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 300 Basse Rd San Antoneo, TX 78209				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description TOM TO CEUTBADY Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
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Revised 9/26/2019

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

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 (2)) 4 (9) 6 Amount (\$)	5 Payee name Broadway Daily Bread 7 Payee address; City; State; Zip Code DII De Zavala San Antono, TX 78249			
Reimbursement from political contributions intended	2011 De Zavala San Antono TX 78249			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description SALSO HOUDALY			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held			
Date) 2/14/19	Payee name Dlanas Buyers			
Amount (\$) 34 98 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2202 Zarzamora San Antonus TX 7920 (
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPEDITE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 12/13/19	Payee name Budget			
Amount (\$) 317 57 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9.359 Airport MVd. San Antono, TX 78216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Travel to Tamanut Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Retmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME FO GARRA	3	Filer ID (Ethics Commission Filers)			
4 Date 2 30 9	5 Payee name Chrs Madrds					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 1900 Blanco Rd S	city;	State; Zip Code			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	(c) Check 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/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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