CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

							O Talal massas fi	lad:
The C/OH Instruction G	uide explains how to	complete this	form.	1 Filer ID (E	thics Commissio	on Filers)	2 Total pages fi	icu.
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR	FIRST Ed	*		MI		OFFICE Date Received	USE ONLY
NAME	NICKNAME	Garza			SUFF	-IX		17/11/23 7pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1903 W. Magn San Antonio, 1			γ; St	ATE; ZIP C	ODE	at 5:2	7 pm
Change of Address	ADEA CODE	PHONE NUMBE	FR	EX	CTENSION		Date Hand-delivere	ed or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	355-856					Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST			M			
TREASURER	Ms.	Gracio	е				Date Processed	
NAME	NICKNAME	LAST			SUF	FIX	Date Imaged	
		Villarr	real				, , , , , , , , , , , , , , , , , , , ,	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (No. 3715 Sunshin San Antonio,	e Ranch		ΜΕ #;	сіту;		STATE;	ZIP CODE
	AREA CODE	PHONE NUMB	BER	E	XTENSION			
TREASURER PHONE	(210)	834-496	60			marke and all control of the control		
9 REPORT TYPE	January 15	30t	th day before el	ection	Runoff		treasure (Officeho	after campaign r appointment Ilder Only)
	July 15	8th	day before elec	ction	Exceeded Reporting	Limit		port (Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	,	
COVERED	1 1	11 /	23	THROU	GH	6	/ 30 / 2	.3
11 ELECTION	ELECTION DAT	E			ELEC	CTION TYP	E	
TH ELECTION	N. II. Davi	Year	Primary	Runol		Other Description		
	Month Day		General	Spec		School Boa	rd	
	5 / 3 /	24						
12 OFFICE	OFFICE HELD (if any)		The second secon	13	OFFICE SOUG	HT (if kno	wn)	
12 OFFICE	San Antoni	o ISD Bo	oard Dis	st. 7 Sa	me			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL C EHOLDER. THESE AND OFFICEHOLD	CONTRIBUTIONS E EXPENDITURE DERS ARE REQUI	ACCEPTED OR P S MAY HAVE BEE IRED TO REPORT	OLITICAL EXPE EN MADE WITHO THIS INFORMAT	ENDITURES OUT THE CA TION ONLY I	MADE BY POLITICAL INDIDATE'S OR OFFICE F THEY RECEIVE NOTIC	COMMITTEES TO SUPPORT HOLDER'S KNOWLEDGE OR E OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE N	NAME					
	GENERAL	COMMITTEE A	ADDRESS					
Additional Pages	SPECIFIC	COMMITTEE	CAMPAIGN TRI	EASURER NAMI	The state of the s	and according to the control of the		
		COMMITTEE	CAMPAIGN TR	REASURER ADD	DRESS	weeks for each and a second and		
	l	1	GO TO	PAGE 2				
1							CONTRACTOR AND THE PROPERTY OF	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ed Garza		16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3	,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 4	,289.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$	520.70
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 5	,427.85
1	ewear, or affirm, under penalty of perjury, that the accompanying report is true	e and co	errect and inc	ludes all information
re	quired to be reported by me under Title 15, Election Code.	9h		
		J		
	Signature of Ca	andidate	or Officehold	ler
	Please complete either option below	N:		
(1) Affidavit				
NOTARY STAMP/SEA	L.			
Sworn to and subscribed	before me by this the		day of	and the second s
20, to certify	which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath		Title of offic	er administering oath
	OR			
(2) Unsworn Declarat	ion			
My name is Ed Garz	and my date of birth is	s 1/30/	/1969	
My address is 1903 W	/. Magnolia, San Antonio, 1	exas ,	78201	USA
Executed in Bexar	(street) (city) County, State of Texas , on the 15 day of July (month)		(zip code) , 2023 (year)	(country)
	Signature of Cand	lidate/Offi	ceholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Col			mmissi	on Filers)
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHED	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			3,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4. SCHEDULE E: LOANS			\$	5,427.85
5. SCHED	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,441.71
6. SCHED	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9. SCHED	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			1,847.79
10. SCHED	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCHED	ULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. SCHED	ULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

clude this name in the report

If the reques	sted information is not applicable, DO NOT in	clude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG Linebarger Googan Blair & Sampson	1	7 Amount of contribution (\$)
05/26/2023	P.O. 17428 Austin, T	State; Zip Code X 78760	1,000.00
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct Linebarger Googan	Blair & Sampson, LLP
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
05/30/2023	Contributor address; City; 237 W. Travis San Antonio, TX	State; Zip Code	1,000.00
Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instruction Sabinal Group, LLF	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
05/30/2023	Pablo Escamilla Contributor address; City; 1047 W. 17th Houston,	State; Zip Code	1,000.00
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instruc Escamilla & Ponec	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES		

LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 1
2 FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 5,427.85
5 Date of loan 12/31/2022	7 Name of lender out-of-state lender out-of-state lender	PAC (ID#:)	9 Loan Amount (\$) 3,580.06
6 Is lender a financial Institution?	8 Lender address; City; 1903 W. Magnolia San Antonio, TX 78201	State; Zip Code	10 Interest rate 0.00 11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant 13 Employer (See Instructions) Self			12/31/2023
14 Description of Col	lateral	15	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 06/30/2023	Name of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$) 1,847.79
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 0.00
A W	San Antonio, TX 78201		Maturity date 12/31/2023
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions) Self	
Description of Col	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
■ not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	J
1f 1	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ed Garza 5 Pavee name 4 Date Lone Star National Bank 01/24/2023 Zip Code State: City; 7 Payee address; 6 Amount (\$) 7954 Fredericksburg Road 56.00 San Antonio, TX 78229 (b) Description (a) Category (See Categories listed at the top of this schedule) Monthly Service Charge total from Fees PURPOSE January through June 2023 EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **VIA 313** 06/02/2023 Zip Code City; State; Payee address; Amount (\$) 8435 Wurzbach Road 56.51 San Antonio, TX 78222 Category (See Categories listed at the top of this schedule) Description College Chat Food Expense **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 Payee name 06/05/2023 Christian Miranda Zip Code State: City; Pavee address; Amount (\$) 838 W. Kings Hwy 45.50 San Antonio, TX 78212 Description Category (See Categories listed at the top of this schedule) Summer Program Registration **Event Expense 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/05/2023	Central Market	City;	State;	Zip Code
6 Amount (\$)	7 Payee address;	Oity,	Carro,	,
89.33	4821 Broadway San Antonio, TX 78209			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Event Expense	Middle & High	School Sumn	ner League
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/05/2023	La Nostra Famiglia			7iv Codo
Amount (\$)	Payee address;	City;	State;	Zip Code
127.98	14357 Blanco Rd. San Antonio, TX 78216			
	Category (See Categories listed at the top of this schedule)	Description		D/ELO
PURPOSE OF EXPENDITURE	Food Expense	Volunteers R	ecognition for	JYELG
	Check if travel outside of Texas. Complete Schedule T,	Check if Au	stin, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
06/06/2023	Target			
Amount (\$)	Payee address;	City;	State;	Zip Code
231.58	4522 Fredericksburg Road Balcones Hts., TX 78201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Middle & Hig	h School Sum	mer League
- Company of the Comp	Check if travel outside of Texas, Complete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Gifl/Awards/Memorials Expense Legal Services

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

Salaries/Wages/Contract Labor

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Sobedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date 0 \ 06/07/2023	5 Payee name Starbucks			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
150.00	2202 Fredericksburg Rd. San Antonio, TX 78201			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense	College Chats	in June	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/07/2023	VIA 313			
Amount (\$)	Payee address;	City;	State;	Zip Code
60.41	8435 Wurzbach Rd. San Antonio, TX 78222			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	College Chat		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/08/2023	Pizza Classic			
Amount (\$)	Payee address;	City;	State;	Zip Code
13.90	3440 N. St. Mary's St. San Antonio, TX 78212			
	Category (See Categories listed at the top of this schedule)	Description		-
PURPOSE OF EXPENDITURE	Food Expense	Post Graduation	on Event	4
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	g 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 NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Total pages Schedule F1: 2 FILER NAME Ed Garza Date 06/09/2023 5 Payee name Panaderia Jimenez Amount (\$) 7 Payee address; City; State; Zip Code 1846 Fredericksburg Rd. San Antonio, TX 78201 (a) Category (See Categories listed at the top of this schedule) Food Expense Coffee in District 7 Candidate / Officeholder name Office sought Office held Payee name Payee name Payee name Payee address; City; State; Zip Code 1846 Fredericksburg Rd. San Antonio, TX 78201 (b) Description Coffee in District 7 Check if Austin, TX, officeholder living expense Office sought Office held Payee name Payee name Payee address; City; State; Zip Code	
Panaderia Jimenez 7 Payee address; City; State; Zip Code 1846 Fredericksburg Rd. San Antonio, TX 78201 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Coffee in District 7 (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 O6/12/2023 Payee name HEB	
Amount (\$) 7 Payee address; City; State; Zip Code 1846 Fredericksburg Rd. San Antonio, TX 78201 (a) Category (See Categories listed at the top of this schedule) Food Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office penditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name HEB	
Amount (\$) 46.69 Response of Expenditure The payee address; 1846 Fredericksburg Rd. San Antonio, TX 78201 (a) Category (See Categories listed at the top of this schedule) Food Expense (b) Description Coffee in District 7 Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Payee name HEB	
San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Coffee in District 7 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Payee name HEB	
PURPOSE OF EXPENDITURE (c) 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 Date Payee name HEB City: State; Zip Code	
PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Payee name HEB	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Candidate / Officeholder name Office sought Office held City: State; Zip Code	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name HEB City: State; Zip Code	
06/12/2023 HEB	
City: State; Zip Code	
	MANUSCONIC CONTRACTOR
	3
2118 Fredericksburg Rd. San Antonio, TX 78201	
Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE Summer League	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
06/12/2023 Bubble Car Wash	
Amount (\$) Payee address; City; State; Zip Coc	le
11.00 3934 Fredericksburg Road San Antonio, TX 78201	
Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE Transportation Post Summer League Field work	
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office hele expenditure to benefit C/OH	d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
1 Date	5 Payee name			
06/12/2023	Las Nieves		Ctata:	Zip Code
Amount (\$)	7 Payee address;	City;	State;	Σήρ Ουάσ
18.24	1118 Hildebrand San Antonio, TX 78201			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Field Clean U	p	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	j expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/12/2023	Chick-Fil-A			7:- C- d-
Amount (\$)	Payee address;	City;	State;	Zip Code
19.31	4455 Fredericksburg Road Balcones Hts., TX 78201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Field Clean U	Jb	
b	Check if travel outside of Texas. Complete Schedule T.	el 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	Office sought		Office held
Date	Payee name			
06/12/2023	Volare			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.89	3902 McCullough San Antonio, TX 78212			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	New Head of	School Introd	luction
	Check if travel outside of Texas, Complete Schedule T.	Check if A	ustin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS N	IEEDED	
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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Caro Payment	The Instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
Date 06/12/2023	5 Payee name VIA 313			
81.20	7 Payee address; 8435 Wurzbach San Antonio, TX 78222	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Life Coaches/I		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/13/2023	Salt Grass			7:
75.00	Payee address; 11745 IH-10 San Antonio, TX 78230	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Gift Cards Do	nation for Pe	rfect attendanc
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name			
06/20/2023	Target			
Amount (\$) 188.71	Payee address; 4522 Fredericksburg Rd. San Antonio, TX 78201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Summer Leag	gue	
	Check if travel outside of Texas, Complete Schedule T,	Check if Au	stin, TX, officeholder livit	ng expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS N	EEDED	междания більную то до на отношення на отношення по на отношення на отношення в отношення в отношення в отношення в отношення в отношення в отношения в отн
1		A CONTRACTOR OF THE PROPERTY O	The State of the S	CONTRACTOR

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
06/20/2023	Carrabbas 7 Payee address;	City;	State;	Zip Code
Amount (\$)	12507 IH-10			
87.00	San Antonio, TX 78230			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- I - I	
PURPOSE OF EXPENDITURE	Food Expense	Graduation Co	elebration	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	j expense
Gomplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name -I	Office sought		Office held
Date	Payee name			
06/16/2023	Edward D. Garza			7:- 0
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	1903 W. Magnolia			
1,000.00	San Antonio, TX 78201			
penduring solding contracted by a given about the law of the definite and a require to construct the contract and a sold of the c	Category (See Categories listed at the top of this schedule)	Description	D	
PURPOSE OF EXPENDITURE	Loan Repayment/ Reimbursement	Partial Loan	Payment	
Box J C C Cons C C Con C C C C C C C C C C C C C C C C	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g 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	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T,	Check if Au	ustin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED	
1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Advertising Expense

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

Stodic Gard's Gyrnain	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	E		
01/03/2023	AT&T			
6 Amount (\$) 165.00 Reimbursement from political contributions intended	7 Payee address; 1010 N. St. Mary's San Antonio, TX 78215	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Phone & Interr	net	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/29/2023	The County Line			
Amount (\$) 94.40 Reimbursement from political contributions intended	Payee address; 10101 IH-10 San Antonio, TX 78230	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Leaders Appre	eciation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name	Office sought		Office held
Date 01/29/2023	Payee name VIA 313			
Amount (\$) 49.80 Reimbursement from political contributions intended	Payee address; 8435 Wurzbach San Antonio, TX 78222	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description College Chat		
	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 NEED	DED	

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains now to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Ed Garza	Security of the second security of the second secon	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/03/2023	AT&T				
6 Amount (\$) 165.00 Relimbursement from political contributions intended	7 Payee address; 1010 N. St. Mary's San Antonio, TX 78215	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Phone & Internet			
	(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				
02/18/2023	J. Alexanders				
Amount (\$)	Payee address;	City;	State; Zip Code		
68.09	255 E. Basse Rd.				
Reimbursement from political contributions intended	San Antonio, TX 78209				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Volunteer Appreciation			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living		n, TX, officeholder living expense			
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office held		
Date	Payee name				
03/03/2023	AT&T				
Amount (\$) 165.00 Reimbursement from political contributions intended	Payee address; 1010 N. St. Mary's San Antonio, TX 78215	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead	Phone & Internet			
	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

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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/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule G:	² FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
l Date	5 Payee name			
03/22/2023	VIA 313			
6 Amount (\$) 32.48 Reimbursement from political contributions intended	7 Payee address; 8435 Wurzbach San Antonio, TX 78222	City;	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description College Chat		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 03/24/2023	Payee name Good Time Charlies			
Amount (\$) 47.37 Reimbursement from political contributions intended	Payee address; 2922 Broadway San Antonio, TX 78209	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Post Game Mo	eal	
900 / 1.1 1000 / 1000	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought		Office held
Date	Payee name VIA 313			
03/30/2023 Amount (\$)	Payee address;	City;	State;	Zip Code
45.48 Reimbursement from political contributions intended	8435 Wurzbach San Antonio, TX 78222			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Leadership Planning Meeting		ng
Date of the state of the court of the state of the court	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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 NEE	DED	

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

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Total pages Schedule G:	2 FILER NAME Ed Garza	onger myster et al annae	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/03/2023	AT&T		
6 Amount (\$) 165.00 Reimbursement from political contributions intended	7 Payee address; 1010 St. Mary's San Antonio, TX 78215	City;	State; Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Phone & Intern	
	(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 04/06/2023	Payee name Chris Madrids		
Amount (\$) 36.05 Reimbursement from political contributions intended	Payee address; 1900 Blanco Rd San Antonio, TX 78212	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food Expense	College Chat	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 04/07/2023	Payee name Volare		
Amount (\$) 87.68 Reimbursement from political contributions intended	Payee address; 3902 McCullough San Antonio, TX 78212	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Leadership G	roup
mai mani o	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, 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 NEE	DED

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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1 Total pages Schedule G:	2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/13/2023	VIA 313		
6 Amount (\$) 40.59 Relimbursement from political contributions intended	7 Payee address; 8435 Wurzbach Rd. San Antonio, TX 78222	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description College Chat	
	(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		
04/16/2023	Whataburger		
Amount (\$) 27.20 Reimbursement from political contributions intended	Payee address; 4502 Fredericksburg Rd. San Antonio, TX 78201	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	College Chat	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2023	VIA 313		
Amount (\$) 31.94 Reimbursement from political contributions intended	Payee address; 8435 Wurzbach San Antonio, TX 78222	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description College Chat	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date 05/03/2023	5 Payee name AT&T			
6 Amount (\$) 165.00 Reimbursement from political contributions intended	Payee address;1010 N. St. Mary'sSan Antonio, TX 78215	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Phone & Intern	et	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 05/04/2023	Payee name VIA 313			
Amount (\$) 28.69 Reimbursement from political contributions intended	Payee address; 8435 Wurzbach Rd. San Antonio, TX 78222	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description College Chat		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date 05/05/2023	Payee name Alexanders			
Amount (\$) 82.21 Reimbursement from political contributions intended	Payee address; 255 E. Basse San Antonio, TX 78209	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Appreciation [Dinner- College	e Signing
Accommodate and the second sec	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Ed Garza 5 Payee name	3	Filer ID (Ethics	Commission Filers)
05/19/2023	Tycoon Flats			
6 Amount (\$) 58.27 Reimbursement from political contributions intended	Payee address;2926 N. St. Mary'sSan Antonio, TX 78212	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description College Chat		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 05/22/2023	Payee name B&B Smokehouse			
Amount (\$) 46.60 Reimbursement from political contributions intended	Payee address; 2627 Pleasanton San Antonio, TX 78221	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	College Chat		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date 06/03/2023	Payee name AT&T			
Amount (\$) 165.00 Reimbursement from political contributions intended	Payee address; 1010 N. St. Mary's San Antonio, TX 78215	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Phone & Interne	t	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX	L, officeholder living e	xpense
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

The instruction Guide explains now to complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
8/8	Ed Garza			
4 Date	5 Payee name			
06/17/2023	Carrabbas			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
80.94	12507 IH-10 West			
Reimbursement from political contributions intended	San Antonio, TX 78230			
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- Visit Dr. Zalere	
PURPOSE OF	Food Expense	Guest Speake	r Visit. Dr. Zelaya	
EXPENDITURE			The second second	
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
9 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	
, (4)	, , , , , , , , , , , , , , , , , , , ,	Ony,	oute, and oute	
Reimbursement from political contributions intended				
No. 2 4 Ma. Sto Ann	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
and had had				
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
In / \ In / \ In/ I \ I/ \ \ I/	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, 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 NEED	DED	