CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDEF NAME	MS/MRS/MR FIRST MR. ERIC	MI	OFFICE USE ONLY DEPARTMENT OF ELECTIONS 8
NAME	NICKNAME LAST	SUFFIX	Date Received TER REGISTRATION
	GARZA		VAN 1 5 2015
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY; P O BOX 4173 BROWNSVILLE TX 78520-4173	STATE; ZIP CODE	Date Hend-delivered or Postmarked
change of address			Receipt # Amount
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 551-0155	EXTENSION	Date Processed
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR R. BRUCE	MI	Date Imaged
	NICKNAME LAST THARPE	SUFFIX	•
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 801 E VAN BUREN ST BROWNSVILLE TX 78520	CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 551-0155	EXTENSION	
REPORT TYPE	X January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	Year 2014
1 ELECTION	Month Day Year ELECTION DATE Day Year Primary	Runoff X	General Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME ER	IC GARZA	1	5 ACCOUN	T# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OF	FICEHOLDER'S KNOWLEDGE OR
•	COMMITTEE TYPE	COMMITTEE NAME N/A		,
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	N/A		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME N/A		
		COMMITTEE CAMPAIGN TREASURER ADDRESS N/A		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	250.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	1,495.27
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	AY \$	225.82
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	HE \$	8,500.00
18 AFFIDAVIT	SYLVIA RODF Notary Pub State of Te) My Comm. Exp. 04	me under Title 15, Election Code.	information (required to be reported by
AFFIX NOTARY STAM Sworn to and subs		me, by the saidERIC GARZA		, this the
3		Y , 20 15 , to certify which, witness m		
T. M.	2	Sulvin GORIGUEZ	1-6	an Tubla
ionature of officer admi	nisterinooath	Printed name of officer administering oath	Title of c	officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	ERIC GARZA		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
11/11/2014	TREPAC/TEXAS ASSN OF REALTOR	S PAC	contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code P O BOX 2246 AUSTIN TX 78768		\$250.00	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	•	or rows, semples semi-
ASSOCIAT			,	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principat occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	T
	Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I	· · _ · _ · · · · · · · · · · · · ·	of Texas, complete Schedule T)
i ilicipai occup	audit 7 300 title (366 Histractions)	Employer (See II	nstructions)	
			· · · · · · · · · · · · · · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense **Printing Expense**

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F: 1 OF 5	2 FILER NAME ERIC GARZA		3 ACCOUNT # (Ethics Commission Filers
Date 06/10/2014	5 Payee name HERMANOS TIRE SERVICE	•	
Amount (\$)	7 Payee address; City; State; Zip Code		
\$40.00	SAN BENITO, TEXAS		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if trav	rel outside of Texas, complete Schedule T)
OF EXPENDITURE	AUTO EXPENSE	REPLACEMEN	IT TIRE
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 06/02/2014	Payee name CAMPAIGNER		
Amount (\$)	Payee address; City; State; Zip Code		
\$55.00			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iftrav	rel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE MARKETING		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 06/03/2014	Payee name STRIPES		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$32.84	BROWNSVILLE, TX 78520		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	AUTO EXPENSE		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
06/30/2014	IBC		
Amount (\$)	Payee address; City; State; Zip Code		
\$12.00	BROWNSVILLE, TX 78521		
	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
PURPOSE			
PURPOSE OF EXPENDITURE	BANKING EXPENSE	ANALYSIS C	HARGE

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/0	Contract Labor Lo	oan Repayment/Reimburser	ment
Accounting/Banking	Legal Services	Solicitation/Fund	aising Expense Ti	ansportation Equipment & F	Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Di		Candidate/Officeholder/Po	
Fees	Printing Expense	Office Overhead		THER (enter a category no	t listed above)
	The Instruction Guide		,	,	,
Total pages Schedule F:	2 FILER NAME ERIC GARZA	-		3 ACCOUNT # (Ethics	Commission File
Date	5 Payee name				
07/02/2014	CAMPAIGNER				
Amount (\$)	7 Payee address; City; St	ate; Zip Code			
\$55.00					
400.00					
PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If	travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	ADVERTISING EXPENS	E	MARKETING	3	
Complete ONLY if direct	Candidate / Officeholder name	ı	Office sought	Offi	ce held
expenditure to benefit C	OH				
Date	Payee name	<u>.</u>		 .	,
07/14/2014	LAS PALMAS BAKERY				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$6.00					
	BROWNSVILLE, TX 785	20			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	Ē	COFFEE		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name OH	ı	Office sought	Offi	ce held
Date	Рауее пате		•		
07/16/2014	GREASE MONKEY				
Amount (\$)	Payee address; City; St	ate; Zip Code			
34.40					
	BROWNSVILLE, TX 785	20			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	AUTO EXPENSE				
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	:	Office sought	Offi	ce held
Date	Payee name				
07/17/2014	AUTO ZONE				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$21.64	BROWNSVILLE, TX 78	520			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	AUTO EXPENSE				
Complete ONLY if direct expenditure to benefit C		·	Office sought	Offi	ce held
wa	ATTACH ADDITIONAL O	OPIES OF THIS	SCHEDULE AS NI	EDED	
www.athine.etata.tv.iie					Davised 04/40/

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expens
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Commit
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
Table on a Dahadala Fr		explains how to complete this	
Total pages Schedule F: 3 OF 5	2 FILER NAME ERIC GARZA		3 ACCOUNT # (Ethics Commission Fi
Date	5 Payee name		
07/18/2014	STRIPES		
Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
\$46.00	BROWNSVILLE, TX 785	20	
PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	on (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	AUTO EXPENSE		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sou	ght Office held
Date	Payee name		
07/28/2014	STRIPES		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
\$12.95	HARLINGEN, TX 78550		
PURPOSE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	AUTO EXPENSE		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sou	ght Office held
Date	Payee name		
07/28/2014	WAL-MART		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
\$40.00	BROWNSVILLE, TX 785	20	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	GIFT EXPENSE	RAFFLE	DONATION
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sou	ght Office held
Date	Payee name		
07/31/2014	IBC		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
\$12.00	BROWNSVILLE, TX 785	20	
	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
PURPOSE			
PURPOSE OF EXPENDITURE	BANKING EXPENSE	ANALYS	SIS CHARGE

Texas Ethics Commission

	EYPENDITUPE	CATEGORIES F	OP BOY 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor			t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrais			quipment & Related Expense
Consulting Expense	Food/Beverage Expense	age Expense Travel In District		•	nations Made By
Event Expense	Polling Expense	Travel Out Of Distri	ict	Candidate/Of	ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	·	•	category not listed above)
	The Instruction Guide	e explains how to c	omplete this for		
Total pages Schedule F: 4 OF 5	2 FILER NAME ERIC GARZA			3 ACCOU	NT # (Ethics Commission Filers
Date 08/04/2014	5 Payee name CAMPAIGNER				
Amount (\$)	7 Payee address; City; St	ate; Zip Code			
\$55.00					
PURPOSE	(a) Category (See categories listed at the to	·	(b) Description	(If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENS	BE	MARKET	ING	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	•	Office sough	t	Office held
Date 08/06/2014	Payee name USPS				
Amount (\$)		tate; Zip Code			
		, -			
\$37.00	BROWNSVILLE, TX 785	520			
PURPOSE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of Te	exas, complete Schedule ⊺)
OF EXPENDITURE	OFFICE EXPENSE		POST OF	FICE BOX	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	· ·	Office sough	t	Office held
Date	Payee name				
09/30/2014	IBC				
Amount (\$)	Payee address; City; St	tate; Zip Code			
\$12.00					
,	BROWNSVILLE, TX 785	20			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	BANKING EXPENSE		ANALYS	IS CHARG	E
Complete ONLY if direct expenditure to benefit C		<u> </u>	Office sough	it	Office held
Date 10/31/2014	Payee name				
Amount (\$)		tate; Zip Code			
\$12.00					
412.00	BROWNSVILLE, TX 7852	20			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	BANKING EXPENSE		ANALYSIS	6 CHARGE	
Complete ONLY if direct expenditure to benefit C))	Office sough	ŧ	Office held
,		CODIES OF THIS S	CHEDINE	NEEDED	
	ATTACH ADDITIONAL C	COPIES OF THIS S	CHEDULE AS	NEEDED	· · · · · · · · · · · · · · · · · · ·

P.O. Box 12070

Advertising Expense	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ising Expense	Transportatio Contributions Candidate	nent/Reimbursement In Equipment & Related Expense In Equipment & Related Expense In Indiana Made By In Indiana Made By In Indiana Made By In Indiana Made Booke In a category not listed above)
1 663	The Instruction Guide		•	•	a category not listed above)
Total pages Schedule F:	2 FILER NAME ERIC GARZA	-		3 ACC	DUNT # (Ethics Commission Filers)
Date 11/30/2014	5 Payee name				
Amount (\$)	7 Payee address; City; St	ate; Zip Code			
\$3.29	BROWNSVILLE, TX 785	520			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top BANKING EXPENSE	p of this schedule)	(b) Description	(If travel outside	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	<u> </u>	Office soug	ht	Office held
Date 11/30/2014	Payee name				
Amount (\$)	Payee address; City; St	tate; Zip Code			
12.00	BROWNSVILLE, TX 78	520			
	Category (See categories listed at the to	n of this cohodule)			of Texas, complete Schedule T)
PURPOSE	Gatagory (Boo datagorios notas artificio)	p or una scriedule)	Description	(If travel outside	or rexas, complete ochedule 1)
PURPOSE OF EXPENDITURE	BANKING EXPENSE	p of this scriedule)	ANALYSI	•	or rexas, complete outradule 1)
OF	BANKING EXPENSE Candidate / Officeholder name		•	S FEE	Office held
OF EXPENDITURE Complete ONLY if direct	BANKING EXPENSE Candidate / Officeholder name		ANALYSI	S FEE	·
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d	Candidate / Officeholder name OH Payee name IBC		ANALYSI	S FEE	·
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date 12/31/2014	Candidate / Officeholder name OH Payee name IBC	ate; Zip Code	ANALYSI	S FEE	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/0 Date 12/31/2014 Amount (\$)	Candidate / Officeholder name OH Payee name IBC Payee address; City; St	ate; Zip Code	Office soug	ht .	
OF EXPENDITURE Complete ONY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$) \$0.18 PURPOSE OF	Payee name IBC Payee address; City; St BROWNSVILLE, TX 788 Category (See categories listed at the to BANKING EXPENSE Candidate / Officeholder name	ate; Zip Code 520 p of this schedule)	Office soug	ht (If travel outside	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$) \$0.18 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name IBC Payee address; City; St BROWNSVILLE, TX 788 Category (See categories listed at the to BANKING EXPENSE Candidate / Officeholder name	ate; Zip Code 520 p of this schedule)	Office soug	ht (If travel outside	Office held of Texas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$) \$0.18 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date	Payee address; City; St. BROWNSVILLE, TX 785 Category (See categories listed at the top BANKING EXPENSE Candidate / Officeholder name OH Payee name IBC	ate; Zip Code 520 p of this schedule)	Office soug	ht (If travel outside	Office held of Texas, complete Schedule T)
OF EXPENDITURE Complete ONY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$) \$0.18 PURPOSE OF EXPENDITURE Complete ONY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$)	Payee address; City; St. BROWNSVILLE, TX 785 Category (See categories listed at the top BANKING EXPENSE Candidate / Officeholder name OH Payee name IBC	ate; Zip Code 520 p of this schedule)	Office soug	ht (If travel outside	Office held of Texas, complete Schedule T)
OF EXPENDITURE Complete ONY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$) \$0.18 PURPOSE OF EXPENDITURE Complete ONY if direct expenditure to benefit C/d Date 12/31/2014 Amount (\$)	Payee address; City; St. BROWNSVILLE, TX 785 Category (See categories listed at the top BANKING EXPENSE Candidate / Officeholder name OH Payee name IBC Payee address; City; St.	ate; Zip Code 520 p of this schedule)	Office soug Description Office soug	ht (If travel outside	Office held of Texas, complete Schedule T) Office held of Texas, complete Schedule T)

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 1 OF 7 **ERIC GARZA** 4 Date 5 Payeename 12/02/2014 **FAMILY DOLLAR** 6 Amount (\$) City; State; Zip Code 7 Pavee address: 1415 E RINGGOLD ST \$47.63 **BROWNSVILLE TX 78520** Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** 8 OF ADVERTISING EXPENSE **EXPENDITURE** Date Payee name 12/02/2014 **FAMILY DOLLAR** Amount (\$) Payee address; City; State; Zip Code 5.41 1415 E RINGGOLD ST **BROWNSVILLE TX 78520** Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE OFFICE EXPENSE EXPENDITURE** Date Payee name 10/31/2014 **CANO PRODUCE CO** Amount (\$) Payee address; City; State; Zip Code \$22.75 2021 N 77 SUNSHINE STRIP **HARLINGEN TX 78550** Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE DONATION FOR RACE** EXPENDITURE ADVERTISING EXPENSE Payee name **CRAFTLAND** 12/01/2014 City; State; Zip Code Payee address; Amount (\$) 1100 E WASHINGTON ST \$10.72 **BROWNSVILLE TX 78520** Reimbursement from X political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE ADVERTISING EXPENSE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) **ERIC GARZA** 2 OF 7 4 Date 5 Pavee name 12/01/2014 **CRAFT LAND** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$51.58 1100 E WASHINGTON ST **BROWNSVILLE TX 78520** Reimbursement from political contributions intended 8 PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE DONATIONS **ADVERTISING EXPENSE** Date Payee name **ADOLIOS** 12/03/2014 Amount (\$) Payee address; City; State; Zip Code \$75.78 Reimbursement from political contributions **BROWNSVILLE, TX 78520** intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** TEDDY BEARS FOR COPS AND KIDS **EVENT EXPENSE EXPENDITURE** Payee name 12/02/2014 **FAMILY DOLLAR** Amount (\$) Payee address; City; State; Zip Code \$17.32 1601 E PRICE ROAD Reimbursement from **BROWNSVILLE TX 78520** political contributions intended Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF **TEDDY BEARS FOR COPS AND KIDS EVENT EXPENSE EXPENDITURE** Date Pavee name TIP OF TEXAS FAMILY OUTREACH 10/10/2014 Amount (\$) Payee address; City; State; Zip Code \$50.00 Reimbursement from X political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE ADVERTISING EXPENSE EXPENDITURE** DONATION ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE G

	سر سن چن یا و میده پرخوان با امام چنا او با امام چنا او چنان با امام چنا او چنان او چنان او پر			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contr Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Rent	act Labor L g Expense T C al Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide e	explains now to cor	npiete this form	
1 Total pages Schedule G: 3 OF 7	2 FILER NAME ERIC GARZA			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Pavee name			
11/01/2014	MARY MOTHER OF THE	CHURCH		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		
\$10.00	1914 BARNARD ROAD			
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	0		
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE		DONATIO	N
Date	Payee name			
09/01/2014	THE HOME DEPOT			
Amount (\$)	Payee address; City; State	e; Zip Code		
\$17.97	605 W MORRISON ROAD			
Reimbursement from political contributions intended	BROWNSVILLE TX 78520)		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (if	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE		DONATIO) N
Date	Payee name			
12/16/2014	FAMILY DOLLAR			
Amount (\$)	Payee address; City; State	e; Zip Code		
\$64.54	1908 OLD PORT ISABEL	ROAD		
Reimbursement from political contributions intended	BROWNSVILLE TX 78520)		
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE		DONATIO	N GIFTS
Date	Payee name			
12/17/2014	FAMILY DOLLAR			
Amount (\$)	Payee address; City; State	e; Zip Code	,	
\$56.29	65 S CLUBHOUSE ROAD			
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	_		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE		DONATION	I GIFTS
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	IEDULE AS NE	EDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

(512) 463-5800

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers
4 OF 7	ERIC GARZA	
Date	5 Payee name	
10/14/2014	USPS	
\$ Amount (\$) \$59.33	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	BROWNSVILLE, TEXAS	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADVERTISING EXPENSE	POSTAGE
Date	Payee name	
10/17/2014	USPS	
Amount (\$) \$59.33	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	BROWNSVILLE, TX 78520	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	POSTAGE
Date	Payee name	
12/30/2014	HOBBY LOBBY	
Amount (\$)	Payee address; City; State; Zip Code	
\$23.34	2209 W LINCOLN	
Reimbursement from political contributions intended	HARLINGEN TX 78550	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	SWEARING IN CEREMONY
Date	Payee name	
12/31/2014	MICHAELS	
Amount (\$)	Payee address; City; State; Zip Code	
\$23.35	571 E MORRISON RD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78526	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	EVENT EXPENSE	SWEARING IN CEREMONY

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 Total pages Schedule G: 5 OF 7	2 FILER NAME ERIC GARZA	3 ACCOUNT # (Ethics Commission Filer
4 Date 12/30/2014	5 Payeename WAL-MART	
\$48.07 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3.500 W ALTON GLOOR BLVD BROWNSVILLE TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SWEARING IN CEREMONY
Date 12/20/2014	Payee name MONTERREY TORTILLERIA	
Amount (\$) \$15.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 384 MILITARY HWY 281 BROWNSVILLE TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION
Date 12/18/2014	Payee name HEB	
Amount (\$) \$16.63 Relimbursement from political contributions intended	Payee address; City; State; Zip Code 1628 CENTRAL BLVD BROWNSVILLE TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION
Date 12/14/2014	Payee name WALGREENS	
Amount (\$) \$3.87 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1525 CENTRAL BLVD BROWNSVILLE TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 6 OF 7 **ERIC GARZA** 4 Date 5 Payee name 12/14/2014 **WALGREENS** 6 Amount (\$) 7 Payee address: City; State; Zip Code \$3.87 **1525 CENTRAL BLVD** Reimbursement from **BROWNSVILLE TX 78520** political contributions intended (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) OF **EVENT EXPENSE CHRISTMAS BREAKFAST DONATION** EXPENDITURE Date Pavee name **WALGREENS** 12/18/2014 Amount (\$) Payee address; City; State; Zip Code \$3.87 **1525 CENTRAL BLVD** Reimbursement from **BROWNSVILLE TX 78520** political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EVENT EXPENSE** CHRISTMAS BREAKFAST DONATION **EXPENDITURE** Payee name 12/23/2014 HEB Amount (\$) Payee address; City; State; Zip Code \$7.32 **1628 CENTRAL BLVD** Reimbursement from **BROWNSVILLE TX 78520** political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EVENT EXPENSE CHRISTMAS LUNCHEON DONATION EXPENDITURE** Date Pavee name 12/20/2014 FRANCISO RODRIGUEZ City; State; Zip Code Amount (\$) Payee address; \$125.00 Reimbursement from SAN BENITO, TEXAS political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EASTER EVENT EXPENSE EXPENDITURE** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense **Printing Expense**

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G: 7 OF 7	2 FILER NAME ERIC GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/02/2014	5 Payee name CAMPAIGNER	
6 Amount (\$) \$55.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MARKETING
Date 10/02/2014	Payee name CAMPAIGNER	
Amount (\$) \$55.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MARKETING
Date 11/02/2014	Payee name CAMPAIGNER	
Amount (\$) \$55.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MARKETING
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	:
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED