

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

**13**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

**MR.**

**ERIC**

NICKNAME

LAST

SUFFIX

**GARZA**

## OFFICE USE ONLY

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

3:13

JUL 15 2015

RECEIVED

By: *Audith*

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

**P O BOX 4173**

**BROWNSVILLE TX 78520**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( **956** )

**551-0155**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

**MR**

**R. BRUCE**

NICKNAME

LAST

SUFFIX

**THARPE**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

**P O BOX 4173**

**BROWNSVILLE TX 78520**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( **956** )

**551-0155**

9 REPORT TYPE

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)

10 PERIOD  
COVERED

Month

Day

Year

**01 / 01 / 2015**

THROUGH

Month

Day

Year

**06 / 30 / 2015**

11 ELECTION

ELECTION DATE

Month

Day

Year

**11 / 04 / 2014**

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

**DISTRICT CLERK OF  
CAMERON COUNTY**

13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

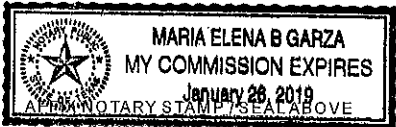
<b>14 C/OH NAME</b> <p style="text-align:center"><b>ERIC GARZA</b></p>	<b>15 Filer ID</b> (Ethics Commission Filers)
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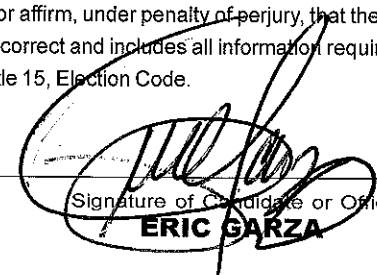
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	<b>\$ - 0 -</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ - 0 -</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	<b>\$ - 0 -</b>
	4. TOTAL POLITICAL EXPENDITURES	<b>\$ 785.81</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ - 0 -</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 8,500.00</b>

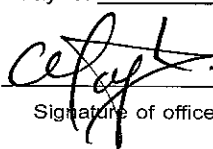
**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder  
**ERIC GARZA**

Sworn to and subscribed before me, by the said ERIC GARZA, this the 14TH day of JULY, 20 15, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Maria Elena b. Garza  
 \_\_\_\_\_  
 Printed name of officer administering oath

Notary Public  
 \_\_\_\_\_  
 Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME <b>ERIC GARZA</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ - 0 -
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - 0 -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0 -
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ - 0 -
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ <b>232.16</b>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - 0 -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$ - 0 -
8. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ <b>553.65</b>
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ - 0 -
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ - 0 -
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ - 0 -

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule F1: <b>1 OF 4</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/28/2015</b>	<b>5</b> Payee name <b>IBC</b>	
<b>6</b> Amount (\$) <b>\$2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>BANK FEE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>01/31/2015</b>	Payee name <b>IBC</b>	
Amount (\$) <b>\$0.24</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>BANK FEE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>01/31/2015</b>	Payee name <b>IBC</b>	
Amount (\$) <b>\$12.42</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>BANK ANALYSIS CHARGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule F1: <b>2 OF 4</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>01/28/2015</b>	<b>5</b> Payee name <b>SERGIO GONZALEZ</b>				
<b>6</b> Amount (\$) <b>\$142.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>SAN BENITO, TX 78586</b>				
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE EASTER EGG HUNT</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>02/28/2015</b>	Payee name <b>IBC</b>				
Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>BANK ANALYSIS CHARGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>03/31/2015</b>	Payee name <b>IBC</b>				
Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>BANK ANALYSIS CHARGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule F1: <b>3 OF 4</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/30/2015</b>	<b>5</b> Payee name <b>IBC</b>	
<b>6</b> Amount (\$) <b>\$5.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>SERVICE FEE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>04/30/2015</b>	Payee name <b>IBC</b>	
Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>BANK ANALYSIS CHARGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>05/31/2015</b>	Payee name <b>IBC</b>	
Amount (\$) <b>\$5.00</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>BANK SERVICE FEE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4 OF 4</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/31/2015</b>	<b>5</b> Payee name <b>IBC</b>	
<b>6</b> Amount (\$) <b>\$12.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>BANK ANALYSIS CHARGE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>06/30/2015</b>	Payee name <b>IBC</b>	
Amount (\$) <b>\$5.00</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>BANK SERVICE FEE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>06/30/2015</b>	Payee name <b>IBC</b>	
Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>BANK ANALYSIS CHARGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule G: <b>1 OF 6</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/24/2015</b>	<b>5</b> Payee name <b>SIGLO</b>
------------------------------------	-------------------------------------

<b>6</b> Amount (\$) <b>\$30.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE, TX 78520</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (TABLE CLOTHS)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/17/2015</b>	Payee name <b>DOMINOS</b>
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Amount (\$) <b>\$61.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE EMPLOYEE LUNCHEON</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/17/2015</b>	Payee name <b>HEB</b>
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Amount (\$) <b>\$13.24</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE EMPLOYEE LUNCHEON</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule G: <b>2 OF 6</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/27/2015</b>	<b>5</b> Payee name <b>WHATABURGER</b>	
<b>6</b> Amount (\$) <b>\$20.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1400 CENTRAL BLVD BROWNSVILLE TX 78520</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>CONTRIBUTION EXPENSE (GIFT CARDS)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>04/02/2015</b>	Payee name <b>USPS</b>	
Amount (\$) <b>\$74.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>LOS EBANOS BLVD BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE EXPENSE (POST OFFICE BOX)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>01/06/2015</b>	Payee name <b>TARGET</b>	
Amount (\$) <b>\$12.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>BROWNSVILLE, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE EXPENSE (STORAGE BOX)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule G: <b>3 OF 6</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/07/2015</b>	<b>5</b> Payee name <b>GODADDY</b>
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<b>6</b> Amount (\$) <b>\$50.68</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>14455 NORTH HAYDEN ROAD STE 219 SCOTTSDALE AZ 85260</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE (DOMAIN NAME)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/26/2015</b>	Payee name <b>WAL-MART</b>
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Amount (\$) <b>\$15.03</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3500 W ALTON GLOOR BLVD BROWNSVILLE TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (WATER BOTTLES)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/26/2015</b>	Payee name <b>SAMS CLUB</b>
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Amount (\$) <b>\$22.44</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>ALTON GLOOR BLVD BROWNSVILLE TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (EASTER EGG HUNT)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>4 OF 6</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/11/2015</b>	<b>5</b> Payee name <b>HEB</b>	
<b>6</b> Amount (\$) <b>\$20.32</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1628 CENTRAL BLVD BROWNSVILLE TX 78520</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (DONATION FOR RACE)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>04/22/2015</b>	Payee name <b>FRIENDSHIP OF WOMEN</b>	
Amount (\$) <b>\$25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION EXPENSE (FASHION SHOW)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>04/29/2015</b>	Payee name <b>FAMILY DOLLAR</b>	
Amount (\$) <b>\$8.66</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1415 E RINGGOLD ST BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (KIDS GONE FISHING)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>5 OF 6</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/29/2015</b>	<b>5</b> Payee name <b>WAL-MART</b>	
<b>6</b> Amount (\$) <b>\$11.17</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>2721 BOCA CHICA BLVD BROWNSVILLE TX 78520</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (KIDS GONE FISHING)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>05/01/2015</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>\$21.61</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>ALTON GLOOR BLVD BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (KIDS GONE FISHING)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>05/06/2015</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>\$63.52</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>ALTON GLOOR BLVD BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE (TEACHER APPRECIATION WEEK)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule G: <b>6 OF 6</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/15/2015</b>	<b>5</b> Payee name <b>TIP OF TEXAS FAMILY OUTREACH</b>	
<b>6</b> Amount (\$) <b>\$30.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE, TX 78520</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>CONTRIBUTION EXPENSE (CARDS FOR A CAUSE)</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>05/29/2015</b>	Payee name <b>DANIEL RIVAS</b>	
Amount (\$) <b>\$25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION EXPENSE (TICKETS)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <b>06/24/2015</b>	Payee name <b>STAPLES</b>	
Amount (\$) <b>\$48.68</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2436 PABLO KISEL BLVD BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE (ENVELOPES)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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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