OFFICE USE ONLY

DEPARTMENT OF ELECTIONS &

YOTER REGISTRATION

JAN 2 2 2016

Date Received ERON COUNTY



## **AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

 $\wedge$ 

A candidate or officeholder who has accepted more the made more than \$20,000 in political expenditure subsequent reports electronically.	an \$20,000 in political co	ontributions	Date Hand-delivere Ri Date Processed	d or Daje Pos	marked	-	
Elizabeth "Liz" Garza	Account #		Date Imaged				

- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5.	I am filing this affidavit with the Amiangual report due on 1/15/2014
	I understand that this affidavit is required to be filed with each campaign finance report for which
	am claiming an exemption from electronic filing.

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL.  Sworn to and subscribed before me by	Elizabeth Garza #	nis the 2 day of January
20 / L , to certify which, witness Signature of officer administering outh	my hand and seal of office.  Print name of officer administering of	CLAUDIA YVETTE DRAGUSTINOVIS  Notary Public, Signey of Texas  Notary Public, Signey of Texas  Notary Public, Signey of Texas  December 2 in 20 brinist ing oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ıd:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mrs Elizabet	th V		USE ONLY
	NICKNAME LAST	SUFFIX		IN COUNTY OF ELECTIONS & EGISTRATION
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #: C	CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	2835 Boardwalk Ct	-Brownsulle TX	per	2 2 2016
CANDIDATE	THE COOP PHONE MIMDER	7 850 (g	To make the control of the control o	Lammong Say rounced
5 CANDIDATE/ OFFICEHOLDER PHONE	(964) 639 5903	extension 3	Date Hand-delivered (	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	Mil	Receipt #	Amount \$
NAME	NICKNAME LAST		Date Processed	1
	Gonzale		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE	
TREASURER ADDRESS (Residence or Business)	2896 Parkview 1	Lane Brownsvill	le TX 7	18526
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  950)  967-1883	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day afte	
	July 15 Sth day before elec	ction Exceeded \$500 limit	(Officeholder	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
OOVERLED	07 /01/2015	THROUGH (2 /2	3   /20	15
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	03/01/2016 General	Special ————————————————————————————————————		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)	
		County	Judge	,
GO TO PAGE 2				

P

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 COH NAME	11 10:	1, ^	5 Filer ID (Ethics Commission Filers)	
<u>Elizah</u> e	2th "4	2' barza		
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
	COMMITTEE TYPE	COMMITTEE NAME	* .	
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
· ·		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1900,00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ Henred			
, , ,	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  \$ 8696.			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
18 AFFIDAVIT				
		true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me	
AFFIX NOTARY STAME	P/SEALABOVE			
Sworn to and subscr	ibed before me, b	by the said Elizaboth'Liz' Garza	, this the	
day of Jamony , 20 16 , to certify which, witness my hand and seal of office.				
Laudia Signature of officer a	dministering oath		AUDIA YVETTE DRAGUSTINOVIS PU blicotary fublicate de l'entre de cath	
Forms provided by Tayas Etl	hios Commission	www.ethics.state.tv.us	My Commission Expires December 01, 2018 Avis 11, 9/8/2015	

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILERNAME Elizabeth "Liz" Garza	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1800.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ [900.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	*	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 679 W
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCH EDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCH EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Elizabeth "Liz" Garza 7 Amount of contribution (\$) 57000 N. 23rd Ste 6 Mcallen TX 78504 8 Principal occupation / Job title (See Instructions) Chira Dractor Self Chiro Practor out-of-state PAC (ID#:\_\_\_\_ Full name of contributor Date Amount of contribution (\$) 250,00 8418 Summer View Ct Harlingen TX 79552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date out-of-state PAC (ID#: Amount of contribution (\$) Maria Linda Gonzalez Contributor address; City; State; Zip Code 12-17-15 777 E Harrison St. St. B Browns ville TX 78520 Principal occupation / Job title (See Instructions) Addrone U Employer (See Instructions) Self Date Amount of contribution (\$) Cardenas Development Contributor address; City; State; Zip Code 1603 E Price Rd Brownsville TX 7854 Detail of Job title (See Instructions) Employer (See Instructions) Developer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Elizabeth "Liz" Garza 7 Amount of contribution (\$) (00.00) 905 E Los Ebanos Blud St B Browns VII Lett 78520 8 Principal occupación / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Leroy Gome 2 Contributor address; City; State; Zip Code 100.00 11-20-15 350 U. Sam Houston Blud San BenitoTX 18586 Ipation / Job title (See Instructions) Employer (See Instructions) Exproper Sing San Benito Vews Advertising out-of-state PAC (ID#:\_\_\_\_\_\_) Date Amount of contribution (\$) 11-10-15 Omar Hernandez Contributor address; State; Zip Code 200.00 12-BY Paredes Line Rd Brownsville TX 7850 Description / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date ut-of-state PAC (ID#: Amount of contribution (\$) pation / Job title (See Instructions) | 7300 N. Expressway T. Olm ito TX 79575 | | Employer (See Instructions) Car Wash ATTACH ADDITIONA! COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ly Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa	inting Expense Travel Out of District Other (enter a category not listed above)	)	
	The Instruction Guide explains ho	w to complete this form.		
1 Total pages Schedule F1:	Elizobath "Liz" 6	3 Filer ID (Ethics Commission File	ers)	
4 Date 10-3()-15	5 Rayee name Spot			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	-	
1900.00	74 S. Price Rd Brow	insuille TX 79521		
8	(a) Category (See Categories listed at the top of this schedule	ute) (b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	Advantaina	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Advertising			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1 Elizaboth "liz" for	irra County didge		
Data	Payee name			
Date	Fayee name			
0		<del>-,</del>		
Amount (\$)	Payee address; City; State; Zip C	ode		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH		S most occupin		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip C	ode		
(4)				
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
EXI ENDITORIE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Amount (\$) Price Rd Stc. 2 Brownsville TX 78521 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** ti sina Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Cristo Brownsville Tx 78526 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_\_ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Havertising Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name ara City; State; Zip Code Worth ownsville Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legai Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 11-110-15 6 Amount (\$) 74 S. Price Rd Brownsville 7x 78521 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 11-20-15 State; Zip Code E Ruben M Torres Sr. Blud Brownsuille TX Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11-20-15 Amount (\$) Pavee address: City; State; Zip Code bredes Line Rd, Brownsville TX 18524 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages\_Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 11-20-(5 6 Amount (\$) State; Zip Code Gres Sr. Bluch 21.9 Reimbursement from political contributions intended 8 (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Gasza Payee name 1101-1 Amount (\$) Blud, Brownsville TX Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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.			
1 Total pages Schedule G:	2 FILER NAME EUZabeth "Liz" Garza	3 Filer ID (Ethics Commission Filers)	
4 Date /	5 Payee name Krispy Kreme		
6 Amount (\$)  93,47  Pelmbursement from political contributions intended	7 Payee address; City; State; Zip Code 1144 FM 803 Brownsville T	£ 7958 4	
8 PURPOSE OF EXPENDITURE		ion il travel outside of Texas. Complete Schedule T. r If Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/t		ounty Judge	
Date (1-2) 175	Payee name  Walmant	,	
Amount (\$)  72 - 77  Preimbursement from political contributions intended	Payee address; City; State; Zip Code  2205 E Ruben Torres Sr ( Brown Sv ille TK 7857-le	3wd	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Descripti  Check	on If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held  CLIZABETH (Ci2) Courty Judge			
Date 12+15	Payee name LOWES		
Amount (\$)  QO, OU  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  595 E. Ruben Tornes Blud	Brownsville TK	
PURPOSE OF EXPENDITURE	$\int \int $	ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder Ilving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	OH E(Rabeth Liz" Garze C	orty Judge Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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	n Guide expla	ins how to complete this	s form."
1 Total pages Schedule G:	2 FILER NAME EliZerbeth	"Liz"	Garza	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
D-315	Grafik Spa	st		
6 Amount (\$)		ity; State; Z		
Reimbursementf om political contributions intended	745, Price Brownsville	Rd S	78521	
8 PURPOSE	(a) Category (See Categories listed	i at the top of this s	chedule) (b) Descript	ion
OF <sup>6</sup>			Check	if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Thirting		. L. Chec⊩	if Austin, TX, officeholder living expense
9 Complete ONLY if cirect expenditure to benefit C/0	OH Candidate / Officeholds  Clzabeth	r name	Office soug	ht Office held
Date	Payee name		^	3
12-4-15	Valley Ste	ir fr	uts & Mo	re *
Amount (\$)	Payee address; C	ty; State; Z	ip Code	,
Reimbulsement from political contributions intended	6377 N. Ex	JICS5W	ay Browns	sville 7x
DUDDACE	Category (See Categories listed	at the top of this s	chedule) (b) Descripti	on
PURPOSE OF	Food		Check	If travel outside of Texas. Complete Schedule T.
EXPENDITURE	1000		Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholds	er rame	Office soug	ht Office held
Date	Payee name	•		
12-815	Staples		<b>,</b>	
Amount (\$)	Payele address; Ci	ty; State; Z	ip Code	
7.5% Reimbursement from political contributions intended	2344 Pablo Li	sel k	Brownsville	TX 78571
DUDDOOF	Category (See Categories listed	at the top of this se	chedule) (b) Descripti	on
PURPOSE OF	01.10			if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Hovertisins		Check	if Austin, TX, officeholder living expense
Complete ONLY if cirect	Candidate / Officeholde	er hame	Office soug	ht Office held
expenditure to benefit C/G	Elizabete	" [ زك"	Garra Co	ounty Jedge
	ATTACH ADDITION	AL COPIES C	OF THIS SCHEDULE A	AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: E Ruben Forressor Blue (b) Description 8 PURPOSE \_\_ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Complete ONLY If direct expenditure to benefit C/OH Date leimbursement from political contributions intended (b) Description (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office squght Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date vica Blud Ste 1 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date Brownsville TX 78521 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE ktolvoot a Sin ( Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Brunsville & 78521 political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date State; Zip Code 7480 Padre Island they political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date N. Expressury 77 Brownsville Tx 79521 political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Officeholder name Complete ONLY if direct expenditure to benefit C/OH 1210-15 ElRabeth St Brownsville political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: State; Zip Code Ruben Torres, Brownsville 7x 79526 137,16 3oimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Morrison Rd, Brownsville TX 78526 political contributions (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct Officeholder name expenditure to benefit C/OH Date State; Zip Code mbursement from political contributions Intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Curitivat Labor Curis (Crist Control of Curis Curis Control of Curis			
1 Total pages Schedule G:	2 FILER NAME LIZ" GOYZC	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
12-12-15	Walgreens		
6 Amount (\$)	7 Payee address; City; State; Zip Coo		
34.30 Delimbursement from political contributions intended	4490 E 1445 Br		
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	advertising	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/4	OH ~ n , , , , , , , , , , , , , , , , , ,	Office sought  Ze County Judge	
19 1215	Payee name Utel Mart		
Amount (\$)	Payee address; City; State; Zip Cod		
(25, 36) Pelimbursement from political contributions intended		52-4	
PURPOSE	Category (See Categories listed at the top of this schedule	F	
OF EXPENDITURE	advertising	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  Candidate / Officeholder name Office sought Office held  Candidate / Officeholder name Office sought Office held			
Date	Payee name	)	
127375	Wal Mart		
Amount (\$)	Payee address; City; State; Zip Cod		
65.82	3500 W alton 6/00	r Blud	
Reimbursement from political contributions intended	Brownsville 7x 795	) <i>O</i>	
PHEDOSE	Category (See Categories listed at the top of this schedule	·	
PURPOSE OF	0.0	Check If travel outside of Texas. Complete Schedule T.	
EXPENDITURE	16HTS	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought COMPLETE COMPLICATION COMPLETE COM			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date eimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ruben Torres Brownsville TX 79520 99.20 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct expenditure to benefit C/OH barra Date du Fskand Huy Brownsville TX 78521 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date Buren St Brownsville TX 78520 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Brownsville eimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Brownsville Tx 7852 leimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Brownsville political contributions Intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin. TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Worde Dr. political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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) Total pages Schedule G: 4 Date Pavee address: 6 Amount (\$) orde Dr. Brownsville TX imbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office squght 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee address: Verde Dr. eimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED