

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>75</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>MR.</b> <b>ERIC</b> <hr/> NICKNAME                              LAST                              SUFFIX <b>GARZA</b>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>P O BOX 4173 BROWNSVILLE TX 78520</b>	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  1:50pm <b>JAN 15 2016</b>  RECEIVED By: <u><i>Audrey</i></u> Date Hand-delivered or Date Postmarked	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( <b>956</b> ) <b>551-0155</b>	Receipt #                      Amount \$ <hr/> Date Processed <hr/> Date Imaged	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>MR.</b> <b>ROBERT BRUCE</b> <hr/> NICKNAME                              LAST                              SUFFIX <b>THARPE</b>		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>P O BOX 4173 BROWNSVILLE TX 78520</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( <b>956</b> ) <b>551-0155</b>		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <b>07 / 01 / 2015</b> THROUGH <b>12 / 31 / 2015</b>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year /                      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)  <b>CAMERON COUNTY DISTRICT CLERK</b>	<b>13</b> 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 (Ethics Commission Filers)</b>
---	---

<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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

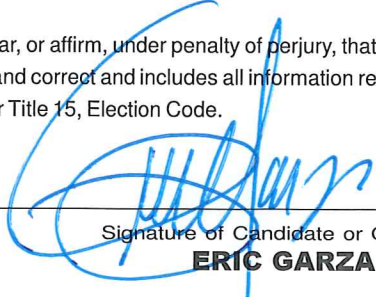
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <b>0.00</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>24,100.00</b>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <b>0.00</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>25,513.57</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>153.35</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>0.00</b>

**18 AFFIDAVIT**




AFFIX NOTARY STAMP / SEAL ABOVE

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 15<sup>th</sup> day of **JANUARY**, 20 **16**, to certify which, witness my hand and seal of office.

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

Francisco Monreal Jr.

 \_\_\_\_\_  
 Printed name of officer administering oath

Notary Public

 \_\_\_\_\_  
 Title of officer administering oath



# SUBTOTALS - C/OH

**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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <b>24,100.00</b>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <b>23,905.65</b>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <b>1,607.92</b>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**01 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/19/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**NOE D. GARZA JR.**

7 Amount of contribution (\$)  
**\$500.00**

6 Contributor address; City; State; Zip Code  
**854 E VAN BUREN ST BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEY**

9 Employer (See Instructions)

Date  
**07/27/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LINEBARGER GOGGAN BLAIR & SAMPSON**

Amount of contribution (\$)  
**\$1,000.00**

Contributor address; City; State; Zip Code  
**P O BOX 17428 AUSTIN TX 78760**

Principal occupation / Job title (See Instructions)  
**ATTORNEYS**

Employer (See Instructions)

Date  
**09/01/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ROYSTON RAYZOR VICKERY & WILLIAMS**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**55 COVE CIRCLE BROWNSVILLE TX 78521**

Principal occupation / Job title (See Instructions)  
**ATTORNEYS**

Employer (See Instructions)

Date  
**08/24/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ZAYAS & ZAMORA**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**3100 E 14TH ST BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEYS**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 OF 16**

2 FILER NAME

**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**07/27/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**GARCIA OCHOA & MASK**

7 Amount of contribution (\$)

**\$500.00**

6 Contributor address; City; State; Zip Code

**820 S MAIN MCALLEN TX 78501**

8 Principal occupation / Job title (See Instructions)

**ATTORNEYS**

9 Employer (See Instructions)

Date

**08/28/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**TREVINO & BODDEN**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**805 MEDIA LUNA STE 300 BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEYS**

Employer (See Instructions)

Date

**08/24/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**HAMILTON LUCIO**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**805 OLD PORT ISABEL RD BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEYS**

Employer (See Instructions)

Date

**08/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**THE GREEN LAW FIRM**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**34 S CORIA ST BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEYS**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/07/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DENTON NAVARRO ROCHA BERNAL HYDE & ZECH**

7 Amount of contribution (\$)  
**\$250.00**

6 Contributor address; City; State; Zip Code  
**701 E HARRISON ST STE 100 HARLINGEN TX 78550**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEYS**

9 Employer (See Instructions)

Date  
**08/04/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARION R LAWLER**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**805 MEDIA LUNA 620 BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**07/14/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**GILBERTO HINOJOSA**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**622 E ST CHARLES BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**09/04/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JOE SALAZAR**

Amount of contribution (\$)  
**\$225.00**

Contributor address; City; State; Zip Code  
**611 E LOOP 499 HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/18/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CARLOS R MASSO**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**1000 E MADISON ST BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEY**

9 Employer (See Instructions)

Date  
**09/04/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ERNESTO GAMEZ**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**777 E HARRISON BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**09/04/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JONATHAN GRACIA**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**932 E VAN BUREN ST BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**09/03/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**R. BRUCE THARPE**

Amount of contribution (\$)  
**\$350.00**

Contributor address; City; State; Zip Code  
**801 E VAN BUREN BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

**5 OF 16**

2 FILER NAME

**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**09/04/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**MELANIE G LITTLE**

7 Amount of contribution (\$)

**\$225.00**

6 Contributor address; City; State; Zip Code

**24 SAN DIEVO AVE BROWNSVILLE TX 78526**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**07/27/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**ELIA CORNEJO LOPEZ**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**235 SUNSET DRIVE BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEY**

Employer (See Instructions)

Date

**09/05/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**JOE G RIVERA**

Amount of contribution (\$)

**\$50.00**

Contributor address; City; State; Zip Code

**P O BOX 5868 BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/09/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**JUAN MANUEL MARTINEZ**

Amount of contribution (\$)

**\$250.00**

Contributor address; City; State; Zip Code

**554 E JACKSON BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/01/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ENRIQUE PENA**

7 Amount of contribution (\$)  
**\$250.00**

6 Contributor address; City; State; Zip Code  
**335 W RUBEN TORRES BLVD BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**10/01/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**BALTAZAR SALAZAR**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**8814 BRAE ACRES HOUSTON TX 77074**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/28/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ANN NIX**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**104 PIZARRO RANCHO VIEJO TX 78575**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/27/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DANIEL T ROBLES**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**418 W TYLER AVE HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

**7 OF 16**

2 FILER NAME

**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**09/01/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**MARY ESTHER SOROLA**

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address; City; State; Zip Code

**1999 W JEFFERSON ST BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**08/14/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**RUBEN HERRERA**

Amount of contribution (\$)

**\$200.00**

Contributor address; City; State; Zip Code

**37 W ELIZABETH BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEY**

Employer (See Instructions)

Date

**08/19/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**CINDY BILBIE**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**2817 CYPRESS DR HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**08/04/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**ROBERT GARZA**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**1200 E HARRISON ST BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**8 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/04/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ESTELA CHAVEZ VASQUEZ**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**955 E TYLER BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEYS**

9 Employer (See Instructions)

Date  
**07/31/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ALICIA HERNANDEZ**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**08/05/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**BRIAN G JANIS**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**777 E HARRISON ST BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/04/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**GARY ORTEGA**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**424 E JEFFERSON BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

**9 OF 16**

2 FILER NAME

**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**07/24/2015**

5 Full name of contributor

**ESPARZA & GARZA**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$250.00**

6 Contributor address;

City; State; Zip Code

**964 E LOS EBANOS BLVD BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)

**ATTORNEYS**

9 Employer (See Instructions)

Date

**07/27/2015**

Full name of contributor

**JAVIER RIVERA**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$200.00**

Contributor address;

City; State; Zip Code

**1126 PLANETA BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**07/31/2015**

Full name of contributor

**WILLIAM HAMER**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$200.00**

Contributor address;

City; State; Zip Code

**4200 N BICENTENNIAL MCALLEN TX 78504**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**07/29/2015**

Full name of contributor

**BENIGNO (TREY) MARTINEZ**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$250.00**

Contributor address;

City; State; Zip Code

**1201 E VAN BUREN ST BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**10 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/01/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**GREGORIO PADILLA**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**854 E VAN BUREN ST BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**07/30/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RENE A FLORES**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**403 N CONWAY AVE MISSION TX 78572**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/07/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KANTACK ALCANTARA**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**4113 PADRE BLVD SOUTH PADRE ISLAND TX 78597**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/13/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**AMELIA BALDERRAMA**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**AMARILLO TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**11 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**07/24/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ANNABEL ALEGRIA**

7 Amount of contribution (\$)  
**\$500.00**

6 Contributor address; City; State; Zip Code  
**37 W ELIZABETH ST BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEY**

9 Employer (See Instructions)

Date  
**08/10/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CHESTER R GONZALEZ**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**117 E PRICE RD BROWNSVILLE TX 78521**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/11/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**BALESH SHARMA**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**340 ACACIA LAKE BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**07/27/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARY AGADO**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**P O BOX 3235 HARLINGEN TX 78551**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**12 OF 16**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/11/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LORENZO PELLY**

7 Amount of contribution (\$)  
**\$500.00**

6 Contributor address; City; State; Zip Code  
**P O BOX 3190 BROWNSVILLE TX 78523**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**07/21/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RENE O OLIVEIRA**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**855 W PRICE ROAD BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/24/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FABIAN LIMAS JR**

Amount of contribution (\$)  
**\$200.00**

Contributor address; City; State; Zip Code  
**1728 BOCA CHICA BLVD BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**08/13/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**EDDIE LUCIO III**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**P O BOX 2106 SAN BENITO TX 78586**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**13 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/21/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**SOPIA C BENAVIDES**

7 Amount of contribution (\$)  
**\$500.00**

6 Contributor address; City; State; Zip Code  
**4090 RETAMA DR BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**08/24/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARIA E SOLIS**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**1835 DON QUIXOTE BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**08/21/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JARED HOCKEMA**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**P O BOX 533909 HARLINGEN TX 78553**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**08/07/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KALIM HABET**

Amount of contribution (\$)  
**\$1,000.00**

Contributor address; City; State; Zip Code  
**213 HEART DRIVE BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**07/22/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**REY ESQUIVEL**

7 Amount of contribution (\$)  
**\$1,000.00**

6 Contributor address; City; State; Zip Code  
**P O BOX 822 HARLINGEN TX 78551**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**08/27/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARINO VILANO**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**861 VERBANA LN BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**08/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RICK CANALES**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**845 E HARRISON BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTORNEY**

Date  
**08/17/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LOUIS SOROLA**

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**1999 W JEFFERSON BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTORNEY**

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**15 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/08/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LOUIS SOROLA**

7 Amount of contribution (\$)  
**\$250.00**

6 Contributor address; City; State; Zip Code  
**1999 W JEFFERSON BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEY**

9 Employer (See Instructions)

Date  
**09/21/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DANIEL A SANCHEZ**

Amount of contribution (\$)  
**\$1,000.00**

Contributor address; City; State; Zip Code  
**27095 BAKER POTTS RD HARLINGEN TX 78552**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**09/10/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ALBERT LEE RODRIGUEZ**

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**946 E VAN BUREN BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date  
**09/09/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MICHAEL RODRIGUEZ**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**P O DRAWER 3725 MCALLEN TX 78502**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**16 OF 16**

2 FILER NAME  
**ERIC GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/18/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JAVIER VILLARREAL**

7 Amount of contribution (\$)  
**\$1,000.00**

6 Contributor address; City; State; Zip Code  
**2401 WILDFLOWER DR BROWNSVILLE TX 78526**

8 Principal occupation / Job title (See Instructions)  
**ATTORNEY**

9 Employer (See Instructions)

Date  
**08/17/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**EUGENE CISNEROS**

Amount of contribution (\$)  
**\$1,000.00**

Contributor address; City; State; Zip Code  
**HOUSTON TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**09/21/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JUAN T MENDEZ**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**611 W LEVEE BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL 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   | 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | 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>1 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date <b>07/26/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$49.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1535 LOS EBANOS 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>POSTAGE EXPENSE</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>07/26/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</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>07/26/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</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 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
Credit Card Payment	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>2 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date <b>07/26/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$49.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1535 LOS EBANOS 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>POSTAGE EXPENSE</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>07/28/2015</b>	Payee name <b>KIKI'S RESTAURANT</b>
---------------------------	--

Amount (\$) <b>\$29.00</b>	Payee address; City; State; Zip Code <b>2501 PAREDES LN RD BROWNSVILLE TX 78521</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT MEETING)</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>07/28/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>POSTAGE EXPENSE</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 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
Credit Card Payment	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>3 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>08/03/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>				
<b>6</b> Amount (\$) <b>\$35.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1535 LOS EBANOS 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>POSTAGE EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">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>08/06/2015</b>	Payee name <b>BROWNSVILLE USPS</b>				
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>POSTAGE EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">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>08/06/2015</b>	Payee name <b>BROWNSVILLE USPS</b>				
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>POSTAGE EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">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 MADE 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date <b>08/06/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$49.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1535 LOS EBANOS 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>POSTAGE EXPENSE</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>08/06/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</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>08/06/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/06/2015</b>	<b>5</b> Payee name <b>STAPLES</b>	
<b>6</b> Amount (\$) <b>\$32.45</b>	<b>7</b> Payee address; City; State; Zip Code <b>2436 PABLO KISEL BLVD. BROWNSVILLE TX 78521</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>OFFICE EXPENSE</b>	<b>(b) Description</b> <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>08/06/2015</b>	Payee name <b>TEXAS MEDICAL BOARD</b>	
Amount (\$) <b>\$61.91</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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>08/11/2015</b>	Payee name <b>H.E.B.</b>	
Amount (\$) <b>\$34.76</b>	Payee address; City; State; Zip Code <b>1679 HWY 100 PORT ISABEL TX 78578</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION EXPENSE</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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)						
<b>4</b> Date <b>08/12/2015</b>	<b>5</b> Payee name <b>DAVE AND BUSTER'S DINING ROOM</b>							
<b>6</b> Amount (\$) <b>\$130.64</b>	<b>7</b> Payee address; City; State; Zip Code <b>9333 RESEARCH BLVD AUSTIN TX 78759</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</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held			
Candidate / Officeholder name	Office sought	Office held						
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>08/12/2015</b></td> <td style="width:80%; border:none;">Payee name <b>KUNTRY KORNER</b></td> </tr> <tr> <td style="border:none;">Amount (\$) <b>\$27.57</b></td> <td style="border:none;">Payee address; City; State; Zip Code</td> </tr> <tr> <td style="border:none;"><b>PURPOSE OF EXPENDITURE</b></td> <td style="border:none;">                 Category (See Categories listed at the top of this schedule) <b>TRAVEL EXPENSE</b>                   Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense             </td> </tr> </table>			Date <b>08/12/2015</b>	Payee name <b>KUNTRY KORNER</b>	Amount (\$) <b>\$27.57</b>	Payee address; City; State; Zip Code	<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRAVEL EXPENSE</b>  Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>08/12/2015</b>	Payee name <b>KUNTRY KORNER</b>							
Amount (\$) <b>\$27.57</b>	Payee address; City; State; Zip Code							
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRAVEL EXPENSE</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:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>08/14/2015</b></td> <td style="width:80%; border:none;">Payee name <b>EXXON</b></td> </tr> <tr> <td style="border:none;">Amount (\$) <b>\$32.00</b></td> <td style="border:none;">Payee address; City; State; Zip Code</td> </tr> <tr> <td style="border:none;"><b>PURPOSE OF EXPENDITURE</b></td> <td style="border:none;">                 Category (See Categories listed at the top of this schedule) <b>TRAVEL EXPENSE</b>                   Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense             </td> </tr> </table>			Date <b>08/14/2015</b>	Payee name <b>EXXON</b>	Amount (\$) <b>\$32.00</b>	Payee address; City; State; Zip Code	<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRAVEL EXPENSE</b>  Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>08/14/2015</b>	Payee name <b>EXXON</b>							
Amount (\$) <b>\$32.00</b>	Payee address; City; State; Zip Code							
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRAVEL EXPENSE</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:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>08/15/2015</b>	<b>5</b> Payee name <b>TODDLE INN</b>				
<b>6</b> Amount (\$) <b>\$34.37</b>	<b>7</b> Payee address; City; State; Zip Code <b>1740 CENTRAL 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</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 border="0" style="width:100%;"> <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>08/16/2015</b>	Payee name <b>EXXON EXPRESS PAY</b>				
Amount (\$) <b>\$32.91</b>	Payee address; City; State; Zip Code <b>1725 INTERNATIONAL BROWNSVILLE TX 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>TRAVEL EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:20%;">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>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>08/20/2015</b>	Payee name <b>AQUAS FRESCAS</b>				
Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code <b>2006 RANCHO VIEJO AVE BROWNSVILLE TX 78526</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:20%;">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>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date <b>08/23/2015</b>	<b>5</b> Payee name <b>LOWE'S HOME CENTERS, LLC</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$29.15</b>	<b>7</b> Payee address; City; State; Zip Code <b>525 EAST RUBEN TORRES 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>OFFICE EXPENSE</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>08/25/2015</b>	Payee name <b>CHECKS UNLIMITED</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$58.78</b>	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING EXPENSE</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>08/27/2015</b>	Payee name <b>APPLEBEE'S RESTAURANT</b>
---------------------------	--

Amount (\$) <b>\$108.52</b>	Payee address; City; State; Zip Code <b>1519 WEST HARRISON HARLINGEN TX</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>9 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date <b>08/27/2015</b>	<b>5</b> Payee name <b>LOWE'S HOME CENTERS, LLC</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$47.28</b>	<b>7</b> Payee address; City; State; Zip Code <b>525 EAST RUBEN TORRES 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 (GOLF TOURNAMENT EVENT)</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>08/28/2015</b>	Payee name <b>SAM'S CLUB</b>
---------------------------	---------------------------------

Amount (\$) <b>\$178.95</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78526</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT EVENT)</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>08/28/2015</b>	Payee name <b>WALMART</b>
---------------------------	------------------------------

Amount (\$) <b>\$10.76</b>	Payee address; City; State; Zip Code <b>3500 W 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 (GOLF TOURNAMENT EVENT)</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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>10 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>08/31/2015</b>	<b>5</b> Payee name <b>FACEBOOK ADS MANAGER</b>			
<b>6</b> Amount (\$) <b>\$36.17</b>	<b>7</b> Payee address; City; State; Zip Code			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>09/04/2015</b></td> <td style="width:80%; border:none;">Payee name <b>DIGITAL PRINT STUDIO</b></td> </tr> </table>			Date <b>09/04/2015</b>	Payee name <b>DIGITAL PRINT STUDIO</b>
Date <b>09/04/2015</b>	Payee name <b>DIGITAL PRINT STUDIO</b>			
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Amount (\$) <b>\$30.00</b></td> <td style="width:80%; border:none;">Payee address; City; State; Zip Code <b>1160 ALTON GLOOR STE G1 BROWNSVILLE TX 78526</b></td> </tr> </table>			Amount (\$) <b>\$30.00</b>	Payee address; City; State; Zip Code <b>1160 ALTON GLOOR STE G1 BROWNSVILLE TX 78526</b>
Amount (\$) <b>\$30.00</b>	Payee address; City; State; Zip Code <b>1160 ALTON GLOOR STE G1 BROWNSVILLE TX 78526</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>PRINTING EXPENSE (GOLF TOURNAMENT EVENT)</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>09/04/2015</b></td> <td style="width:80%; border:none;">Payee name <b>WALMART</b></td> </tr> </table>			Date <b>09/04/2015</b>	Payee name <b>WALMART</b>
Date <b>09/04/2015</b>	Payee name <b>WALMART</b>			
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Amount (\$) <b>\$5.80</b></td> <td style="width:80%; border:none;">Payee address; City; State; Zip Code <b>3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520</b></td> </tr> </table>			Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code <b>3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520</b>
Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code <b>3500 W. 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 (GOLF TOURNAMENT EVENT)</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				



# POLITICAL EXPENDITURES MADE 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/04/2015</b>	<b>5</b> Payee name <b>WALMART</b>
------------------------------------	---------------------------------------

<b>6</b> Amount (\$) <b>\$5.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>3500 W. ALTON GLOOR 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 (GOLF TOURNAMENT)</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>09/04/2015</b>	Payee name <b>WALMART</b>
---------------------------	------------------------------

Amount (\$) <b>\$53.48</b>	Payee address; City; State; Zip Code <b>3500 W. 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 (GOLF TOURNAMENT)</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>09/04/2015</b>	Payee name <b>WALMART</b>
---------------------------	------------------------------

Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code <b>3500 W. 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 (GOLF TOURNAMENT)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>12 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/05/2015</b>	<b>5</b> Payee name <b>CITY OF BROWNSVILLE GOLF CENTER</b>	
<b>6</b> Amount (\$) <b>\$880.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>CITY OF BROWNSVILLE GOLF CENTER BROWNSVILLE TX</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 (GOLF TOURNAMENT EVENT)</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>09/05/2015</b>	Payee name <b>THE HOME DEPOT</b>	
Amount (\$) <b>\$18.22</b>	Payee address; City; State; Zip Code <b>605 W MORRISON RD. BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT)</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>09/12/2015</b>	Payee name <b>INTERNATIONAL COFFEE</b>	
Amount (\$) <b>\$100.98</b>	Payee address; City; State; Zip Code <b>2505 INTERNATIONAL B BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/14/2015</b>	<b>5</b> Payee name <b>WALMART.COM</b>	
<b>6</b> Amount (\$) <b>\$38.89</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (LOCAL RACES FUNDRAISER)</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>09/21/2015</b>	Payee name <b>STRIPES</b>	
Amount (\$) <b>\$28.30</b>	Payee address; City; State; Zip Code <b>2501 CENTRAL BLVD. BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRAVELING EXPENSE</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>09/22/2015</b>	Payee name <b>BROWNSVILLE USPS</b>	
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>1535 LOS EBANOS BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/22/2015</b>	<b>5</b> Payee name <b>SAM'S CLUB</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$238.42</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</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 (SAN BENITO NATIONAL NIGHT OUT)</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>09/29/2015</b>	Payee name <b>ACADEMY</b>
---------------------------	------------------------------

Amount (\$) <b>\$51.95</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (SAN BENITO NATIONAL NIGHT OUT)</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>09/29/2015</b>	Payee name <b>EL POLLO LOCO</b>
---------------------------	------------------------------------

Amount (\$) <b>\$5.41</b>	Payee address; City; State; Zip Code <b>54 S. EXPRESSWAY 83 BROWNSVILLE TX 78520</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>FOOD EXPENSE</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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>15 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/29/2015</b>	<b>5</b> Payee name <b>FAMILY DOLLAR</b>	
<b>6</b> Amount (\$) <b>\$5.33</b>	<b>7</b> Payee address; City; State; Zip Code <b>1601 E PRICE RD BROWNSVILLE TX</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 (SAN BENITO NATIONAL NIGHT OUT)</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>09/29/2015</b>	Payee name <b>SAM'S CLUB</b>	
Amount (\$) <b>\$19.64</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (SAN BENITO NATIONAL NIGHT OUT)</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>09/29/2015</b>	Payee name <b>WALMART</b>	
Amount (\$) <b>\$102.39</b>	Payee address; City; State; Zip Code <b>3500 W. 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 (SAN BENITO NATIONAL NIGHT OUT)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>16 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>10/05/2015</b>	<b>5</b> Payee name <b>WALMART</b>
------------------------------------	---------------------------------------

<b>6</b> Amount (\$) <b>\$1.08</b>	<b>7</b> Payee address; City; State; Zip Code <b>2721 BOCA CHICA BLVD. BROWNSVILLE TX 78521</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 (SAN BENITO NATIONAL NIGHT OUT)</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>10/06/2015</b>	Payee name <b>THE HOME DEPOT</b>
---------------------------	-------------------------------------

Amount (\$) <b>\$58.11</b>	Payee address; City; State; Zip Code <b>605 W MORRISON RD BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE/ADVERTISING</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>10/07/2015</b>	Payee name <b>EMILIA'S RESTAURANT</b>
---------------------------	--

Amount (\$) <b>\$39.90</b>	Payee address; City; State; Zip Code <b>605 W. ELIZABETH ST. BROWNSVILLE TX 78521</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>FOOD EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>17 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>10/29/2015</b>	<b>5</b> Payee name <b>THE HOME DEPOT</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$14.87</b>	<b>7</b> Payee address; City; State; Zip Code <b>605 W MORRISON RD 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/ADVERTISING</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>11/10/2015</b>	Payee name <b>H.E.B.</b>
---------------------------	-----------------------------

Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code <b>2250 BOCA CHICA BLVD. BROWNSVILLE TX 78520</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (VOLUNTEER APPRECIATION)</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>11/10/2015</b>	Payee name <b>H.E.B.</b>
---------------------------	-----------------------------

Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code <b>2250 BOCA CHICA BLVD. BROWNSVILLE TX 78520</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (VOLUNTEER APPRECIATION)</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 POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>11/03/2015</b>	<b>5</b> Payee name <b>H.E.B.</b>				
<b>6</b> Amount (\$) <b>\$5.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>2250 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 (VOLUNTEER APPRECIATION)</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:33%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%; border:none;">Candidate / Officeholder name</td> <td style="width:33%; border:none;">Office sought</td> <td style="width:33%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>11/12/2015</b>	Payee name <b>IBC BANK</b>				
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>630 E ELIZABETH BROWNSVILLE TX</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (VOLUNTEER APPRECIATION)</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:33%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%; border:none;">Candidate / Officeholder name</td> <td style="width:33%; border:none;">Office sought</td> <td style="width:33%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>11/13/2015</b>	Payee name <b>SAM'S CLUB</b>				
Amount (\$) <b>\$60.94</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (VOLUNTEER APPRECIATION)</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:33%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%; border:none;">Candidate / Officeholder name</td> <td style="width:33%; border:none;">Office sought</td> <td style="width:33%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>19 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/25/2015</b>	<b>5</b> Payee name <b>WALMART</b>
------------------------------------	---------------------------------------

<b>6</b> Amount (\$) <b>\$130.97</b>	<b>7</b> Payee address; City; State; Zip Code <b>3500 W ALTON GLOOR 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 (VOLUNTEER APPRECIATION)</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>11/30/2015</b>	Payee name <b>SAM'S CLUB</b>
---------------------------	---------------------------------

Amount (\$) <b>\$40.49</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (VOLUNTEER APPRECIATION)</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>12/02/2015</b>	Payee name <b>ADOLIOS</b>
---------------------------	------------------------------

Amount (\$) <b>\$199.17</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (CHRISTMAS CANNED FOOD DRIVE)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>20 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/17/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>	
<b>6</b> Amount (\$) <b>\$98.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1535 LOS EBANOS 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>POSTAGE EXPENSE</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>09/04/2015</b>	Payee name <b>H.E.B</b>	
Amount (\$) <b>\$91.53</b>	Payee address; City; State; Zip Code <b>2155 PAREDES LINE ROAD BROWNSVILLE TX 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT EVENT)</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>09/05/2015</b>	Payee name <b>H.E.B</b>	
Amount (\$) <b>\$70.23</b>	Payee address; City; State; Zip Code <b>2155 PAREDES LINE ROAD BROWNSVILLE TX 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT EVENT)</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 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
Credit Card Payment	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>21 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/02/2015</b>	<b>5</b> Payee name <b>THE HOME DEPOT</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$46.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>605 W. MORRISON RD 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>ADVERTISING EXPENSE</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>11/30/2015</b>	Payee name <b>H.E.B.</b>
---------------------------	-----------------------------

Amount (\$) <b>\$25.05</b>	Payee address; City; State; Zip Code <b>2250 BOCA CHICA BLVD. BROWNSVILLE TX 78520</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (CHRISTMAS CANNED FOOD DRIVE)</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>11/10/2015</b>	Payee name <b>H.E.B.</b>
---------------------------	-----------------------------

Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code <b>2950 SOUTHMOST ROAD BROWNSVILLE TX 78521</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (VOLUNTEER APPRECIATION)</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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>22 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>10/30/2015</b>	<b>5</b> Payee name <b>DOMINO'S PIZZA</b>			
<b>6</b> Amount (\$) <b>\$97.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>3355 BOCA CHICA BLVD. #6 BROWNSVILLE TX</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 (EMPLOYEE LUNCHEON)</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>07/29/2015</b></td> <td style="width:80%; border:none;">Payee name <b>CORNER STORE</b></td> </tr> </table>			Date <b>07/29/2015</b>	Payee name <b>CORNER STORE</b>
Date <b>07/29/2015</b>	Payee name <b>CORNER STORE</b>			
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Amount (\$) <b>\$36.25</b></td> <td style="width:80%; border:none;">Payee address; City; State; Zip Code <b>1964 CENTRAL BLVD. BROWNSVILLE TX</b></td> </tr> </table>			Amount (\$) <b>\$36.25</b>	Payee address; City; State; Zip Code <b>1964 CENTRAL BLVD. BROWNSVILLE TX</b>
Amount (\$) <b>\$36.25</b>	Payee address; City; State; Zip Code <b>1964 CENTRAL BLVD. BROWNSVILLE TX</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>TRANSPORTATION EXPENSE</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>08/06/2015</b></td> <td style="width:80%; border:none;">Payee name <b>CORNER STORE</b></td> </tr> </table>			Date <b>08/06/2015</b>	Payee name <b>CORNER STORE</b>
Date <b>08/06/2015</b>	Payee name <b>CORNER STORE</b>			
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Amount (\$) <b>\$33.00</b></td> <td style="width:80%; border:none;">Payee address; City; State; Zip Code <b>1964 CENTRAL BLVD. BROWNSVILLE TX</b></td> </tr> </table>			Amount (\$) <b>\$33.00</b>	Payee address; City; State; Zip Code <b>1964 CENTRAL BLVD. BROWNSVILLE TX</b>
Amount (\$) <b>\$33.00</b>	Payee address; City; State; Zip Code <b>1964 CENTRAL BLVD. BROWNSVILLE TX</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>TRANSPORTATION EXPENSE</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				



# POLITICAL EXPENDITURES MADE 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/22/2015</b>	<b>5</b> Payee name <b>SAM'S CLUB</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</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</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>09/25/2015</b>	Payee name <b>EMILIAS RESTAURANT</b>
---------------------------	---

Amount (\$) <b>\$35.03</b>	Payee address; City; State; Zip Code <b>605 WEST ELIZABETH BROWNSVILLE TX 78521</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>FOOD EXPENSE</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>10/12/2015</b>	Payee name <b>TEXAS LAND &amp; CATTLE</b>
---------------------------	--

Amount (\$) <b>\$114.29</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</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 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            | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>24 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>10/16/2015</b>	<b>5</b> Payee name <b>THE LONGHORN CATTLE COMPANY</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$85.34</b>	<b>7</b> Payee address; City; State; Zip Code <b>SAN BENITO TX</b>
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	<b>(b) Description</b> <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>08/26/2015</b>	Payee name <b>DUBOSE SIGNS</b>
---------------------------	-----------------------------------

Amount (\$) <b>\$121.78</b>	Payee address; City; State; Zip Code <b>601 E. BUCHANAN HARLINGEN TX 78550</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT EVENT)</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>08/27/2015</b>	Payee name <b>DUBOSE SIGNS</b>
---------------------------	-----------------------------------

Amount (\$) <b>\$48.71</b>	Payee address; City; State; Zip Code <b>601 E. BUCHANAN HARLINGEN TX 78550</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT EVENT)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>25 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/01/2015</b>	<b>5</b> Payee name <b>DUBOSE SIGNS</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$24.36</b>	<b>7</b> Payee address; City; State; Zip Code <b>601 E. BUCHANAN HARLINGEN TX 78550</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 (GOLF TOURNAMENT EVENT)</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>07/27/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>POSTAGE EXPENSE</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>07/27/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>POSTAGE EXPENSE</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 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
Credit Card Payment	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>26 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>07/29/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$49.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
--	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>POSTAGE EXPENSE</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>07/31/2015</b>	Payee name <b>IBC BANK</b>
---------------------------	-------------------------------

Amount (\$) <b>\$0.07</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</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>07/31/2015</b>	Payee name <b>IBC BANK</b>
---------------------------	-------------------------------

Amount (\$) <b>\$13.78</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>27 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>08/10/2015</b>	<b>5</b> Payee name <b>ERIC GARZA</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$1,000.00</b>	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <b>REIMBURSEMENT EXPENSE</b>	<b>(b) Description</b> <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>08/19/2015</b>	Payee name <b>PIRATES LANDING RESTARAUNT</b>
---------------------------	---

Amount (\$) <b>\$297.39</b>	Payee address; City; State; Zip Code <b>PORT ISABEL TX</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (VOLUNTEER LUNCHEON)</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>08/28/2015</b>	Payee name <b>SQUARE INC.</b>
---------------------------	----------------------------------

Amount (\$) <b>\$0.49</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>28 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>08/31/2015</b>	<b>5</b> Payee name <b>ADOLIOS</b>
------------------------------------	---------------------------------------

<b>6</b> Amount (\$) <b>\$295.86</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</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 (GOLF TOURNAMENT LUNCHEON)</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>08/31/2015</b>	Payee name <b>IBC BANK</b>
---------------------------	-------------------------------

Amount (\$) <b>\$22.18</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</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>09/02/2015</b>	Payee name <b>VZ WIRELESS</b>
---------------------------	----------------------------------

Amount (\$) <b>\$225.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>COMMUNICATIONS EXPENSE</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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>29 OF 44</b>		<b>2</b> FILER NAME <b>ERIC GARZA</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>09/08/2015</b>		<b>5</b> Payee name <b>SAMS CLUB</b>			
<b>6</b> Amount (\$) <b>\$113.42</b>		<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</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</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>09/09/2015</b>		Payee name <b>WALMART.COM</b>			
Amount (\$) <b>\$197.89</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (SAN BENITO NATIONAL NIGHT OUT)</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>09/11/2015</b>		Payee name <b>TWC</b>			
Amount (\$) <b>\$77.13</b>		Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>TELECOMMUNICATIONS EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>30 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/30/2015</b>	<b>5</b> Payee name <b>IBC BANK</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$19.03</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
--	--

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</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>10/01/2015</b>	Payee name <b>FACEBOOK MANAGER</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$60.00</b>	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</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>10/05/2015</b>	Payee name <b>VZ WIRELESS</b>
---------------------------	----------------------------------

Amount (\$) <b>\$212.61</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>COMMUNICATIONS EXPENSE</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 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                     |
| Credit Card Payment  | 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>31 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>10/13/2015</b>	<b>5</b> Payee name <b>TWC</b>
------------------------------------	-----------------------------------

<b>6</b> Amount (\$) <b>\$77.13</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
--	--

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>TELECOMMUNICATIONS EXPENSE</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>10/19/2015</b>	Payee name <b>SQ BEETHOVEN</b>
---------------------------	-----------------------------------

Amount (\$) <b>\$101.81</b>	Payee address; City; State; Zip Code <b>LOS FRESNOS TX</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>FUNDRAISER VOLUNTEER LUNCHEON</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>10/31/2015</b>	Payee name <b>IBC BANK</b>
---------------------------	-------------------------------

Amount (\$) <b>\$16.85</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>32 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/02/2015</b>	<b>5</b> Payee name <b>FACEBOOK MANAGER</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$84.93</b>	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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>11/06/2015</b>	Payee name <b>VZ WIRELESS</b>
---------------------------	----------------------------------

Amount (\$) <b>\$260.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>COMMUNICATIONS EXPENSE</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>11/12/2015</b>	Payee name <b>H.E.B</b>
---------------------------	----------------------------

Amount (\$) <b>\$5.94</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPRESS (VOLUNTEER APPRECIATION)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>33 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/16/2015</b>	<b>5</b> Payee name <b>BLUE TOWN MINI MART</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$11.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>SAN BENITO TX</b>
--	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>FOOD/BEVERAGE EXPENSE</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>11/30/2015</b>	Payee name <b>IBC BANK</b>
---------------------------	-------------------------------

Amount (\$) <b>\$14.95</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</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>12/01/2015</b>	Payee name <b>FACEBOOK MANAGER</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$55.30</b>	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>34 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>12/07/2015</b>	<b>5</b> Payee name <b>VZ WIRELESS</b>			
<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>COMMUNICATIONS EXPENSE</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date <b>12/31/2015</b></td> <td style="width:80%; border:none;">Payee name <b>IBC BANK</b></td> </tr> </table>			Date <b>12/31/2015</b>	Payee name <b>IBC BANK</b>
Date <b>12/31/2015</b>	Payee name <b>IBC BANK</b>			
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Amount (\$) <b>\$13.70</b></td> <td style="width:80%; border:none;">Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b></td> </tr> </table>			Amount (\$) <b>\$13.70</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>
Amount (\$) <b>\$13.70</b>	Payee address; City; State; Zip Code <b>1600 FM 802 BROWNSVILLE TX 78526</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Date</td> <td style="width:80%; border:none;">Payee name</td> </tr> </table>			Date	Payee name
Date	Payee name			
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Amount (\$)</td> <td style="width:80%; border:none;">Payee address; City; State; Zip Code</td> </tr> </table>			Amount (\$)	Payee address; City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>35 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/02/2015</b>	<b>5</b> Payee name <b>CAMERON COUNTY BAR ASSOCIATION</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>DONATION EXPENSE</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>09/02/2015</b>	Payee name <b>ARMANDO PEREZ</b>
---------------------------	------------------------------------

Amount (\$) <b>\$52.13</b>	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>REIMBURSEMENT EXPENSE</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>09/01/2015</b>	Payee name <b>ERIC GARZA</b>
---------------------------	---------------------------------

Amount (\$) <b>\$1,000.00</b>	Payee address; City; State; Zip Code
----------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>REIMBURSEMENT EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>36 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/10/2015</b>	<b>5</b> Payee name <b>CAMERON COUNTY BAR ASSOCIATION</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE</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>09/22/2015</b>	Payee name <b>MARIA IDALIA PENA</b>
---------------------------	--

Amount (\$) <b>\$3,500.00</b>	Payee address; City; State; Zip Code
----------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>LOAN REPAYMENT EXPENSE</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>09/10/2015</b>	Payee name <b>RGV MEDIA GROUP</b>
---------------------------	--------------------------------------

Amount (\$) <b>\$962.50</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>37 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/14/2015</b>	<b>5</b> Payee name <b>LORENA RIVERA</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT EVENT)</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>09/14/2015</b>	Payee name <b>GUADALUPE P. GARZA</b>
---------------------------	---

Amount (\$) <b>\$3,000.00</b>	Payee address; City; State; Zip Code
----------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>LOAN REPAYMENT EXPENSE</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>09/16/2015</b>	Payee name <b>FERNANDO P. ALVAREZ</b>
---------------------------	--

Amount (\$) <b>\$2,000.00</b>	Payee address; City; State; Zip Code
----------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>LOAN REPAYMENT EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>38 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/21/2015</b>	<b>5</b> Payee name <b>VFW LADIES AUXILARY</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$24.00</b>	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <b>DONATION EXPENSE</b>	<b>(b) Description</b> <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>09/21/2015</b>	Payee name <b>ERIC GARZA</b>
---------------------------	---------------------------------

Amount (\$) <b>\$600.00</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>REIMBURSEMENT EXPENSE</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>10/07/2015</b>	Payee name <b>LINDA LARA</b>
---------------------------	---------------------------------

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (EASTER EGGHUNT OUTREACH)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>39 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>10/16/2015</b>	<b>5</b> Payee name <b>LEO AGUILAR FOUNDATION</b>			
<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>DONATION EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>10/14/2015</b>	Payee name <b>RENE RUELAS</b>			
Amount (\$) <b>\$40.00</b>	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>DONATION EXPENSE (FUNDRAISER)</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 border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>10/14/2015</b>	Payee name <b>RGV MEDIA GROUP</b>			
Amount (\$) <b>\$210.00</b>	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>CONSULTING EXPENSE</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 border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>40 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>10/23/2015</b>	<b>5</b> Payee name <b>ERIC GARZA</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$800.00</b>	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT EXPENSE</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>10/30/2015</b>	Payee name <b>ERIC GARZA</b>
---------------------------	---------------------------------

Amount (\$) <b>\$400.00</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT EXPENSE</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>11/09/2015</b>	Payee name <b>ERIC GARZA</b>
---------------------------	---------------------------------

Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT EXPENSE</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>41 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/19/2015</b>	<b>5</b> Payee name <b>CAMERON COUNTY DEMOCRATIC PARTY</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$200.00</b>	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE</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>12/03/2015</b>	Payee name <b>LINDA'S CAKESHOP</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$135.00</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE (TREE OF ANGELS EVENT)</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>09/05/2015</b>	Payee name <b>RICARDO GONZALEZ</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT 1ST PLACE)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>42 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/05/2015</b>	<b>5</b> Payee name <b>MARTIN HINOJOSA</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>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 (GOLF TOURNAMENT 1ST PLACE)</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>09/05/2015</b>	Payee name <b>ELOY GONZALEZ</b>
---------------------------	------------------------------------

Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT 1ST PLACE)</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>09/05/2015</b>	Payee name <b>ISAAC OLIVAREZ</b>
---------------------------	-------------------------------------

Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT 2ND PLACE)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>43 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/05/2015</b>	<b>5</b> Payee name <b>RITA STANAGE</b>	
<b>6</b> Amount (\$) <b>\$200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>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 (GOLF TOURNAMENT 2ND PLACE)</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>09/05/2015</b>	Payee name <b>ARMANDO GALVAN</b>	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT 2ND PLACE)</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>09/05/2015</b>	Payee name <b>JOEY CORTEZ</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT 3RD PLACE)</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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>44 OF 44</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/05/2015</b>	<b>5</b> Payee name <b>CRIS VALADEZ</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>
---	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT 3RD PLACE)</b>	<b>(b) Description</b> <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>09/05/2015</b>	Payee name <b>JC MARQUEZ</b>
---------------------------	---------------------------------

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE (GOLF TOURNAMENT 3RD PLACE)</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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>07/11/2015</b>	<b>5</b> Payee name <b>WAL-MART</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$61.69</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> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT)</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>07/13/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$98.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>LOS EBANOS BROWNSVILLE TX 78520</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (POSTAGE FOR LETTERS)</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>07/13/2015</b>	Payee name <b>BROWNSVILLE USPS</b>
---------------------------	---------------------------------------

Amount (\$) <b>\$98.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>LOS EBANOS BROWNSVILLE TX 78520</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (POSTAGE FOR LETTERS)</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 ONLY 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>2 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/16/2015</b>	<b>5</b> Payee name <b>BROWNSVILLE USPS</b>	
<b>6</b> Amount (\$) <b>\$49.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>LOS EBANOS BROWNSVILLE TX 78520</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (POSTAGE FOR LETTERS)</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 <span style="float:right">Office held</span>
Date <b>07/21/2015</b>	Payee name <b>BROWNSVILLE USPS</b>	
Amount (\$) <b>\$98.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>LOS EBANOS BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (POSTAGE FOR LETTERS)</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 <span style="float:right">Office held</span>
Date <b>08/15/2015</b>	Payee name <b>BEST BUY</b>	
Amount (\$) <b>21.64</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2701 PABLO KISEL BLVD BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE EXPENSE</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 <span style="float:right">Office held</span>

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>3 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>09/23/2015</b>	<b>5</b> Payee name <b>DULCERIA</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$85.00</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	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (NATIONAL NIGHT OUT)</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>08/15/2015</b>	Payee name <b>ADOLIOS</b>
---------------------------	------------------------------

Amount (\$) <b>\$116.91</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>SUNRISE MALL BROWNSVILLE TX 78520</b>
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (VOLUNTEER MEETING)</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>08/18/2015</b>	Payee name <b>SAMS CLUB</b>
---------------------------	--------------------------------

Amount (\$) <b>\$15.98</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>EVENT EXPENSE (GOLF TOURNAMENT)</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 ONLY 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>4 OF 12</b>		<b>2</b> FILER NAME <b>ERIC GARZA</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>08/20/2015</b>		<b>5</b> Payee name <b>EL HUESO DE FRAILE</b>			
<b>6</b> Amount (\$) <b>\$19.94</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <b>837 E ELIZABETH STREET BROWNSVILLE TX 78520</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>BEVERAGE EXPENSE</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	

<b>Date</b> <b>08/29/2015</b>		<b>Payee name</b> <b>LOWES</b>			
<b>Amount (\$)</b> <b>\$52.13</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address; City; State; Zip Code</b> <b>4705 SOUTH EXPRESSWAY 83 HARLINGEN TX 78550</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT)</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	

<b>Date</b> <b>09/05/2015</b>		<b>Payee name</b> <b>WAL-MART</b>			
<b>Amount (\$)</b> <b>\$16.24</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address; City; State; Zip Code</b> <b>2205 E RUBEN TORRES BROWNSVILLE TX 78520</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (GOLF TOURNAMENT)</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	

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>5 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/05/2015</b>	<b>5</b> Payee name <b>DULCERIA</b>	
<b>6</b> Amount (\$) <b>\$14.90</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>EVENT EXPENSE (CANDIES FOR BOO AT THE ZOO)</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>10/07/2015</b>	Payee name <b>DULCERIA</b>	
Amount (\$) <b>\$83.39</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>EVENT EXPENSE (CANDIES FOR BOO AT THE ZOO)</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>11/21/2015</b>	Payee name <b>DULCERIA</b>	
Amount (\$) <b>\$55.00</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>EVENT EXPENSE (CANDIES FOR TOY DRIVE)</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

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>6 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/23/2015</b>	<b>5</b> Payee name <b>BEST BUY</b>	
<b>6</b> Amount (\$) <b>\$74.67</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>2701 PABLO KISEL 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>DONATION EXPENSE (RAFFLE DONATION)</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 <span style="float: right;">Office held</span>

Date <b>11/29/2015</b>	Payee name <b>WAL-MART</b>	
Amount (\$) <b>\$36.12</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2721 BOCA CHICA BLVD BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (TOY DRIVE DONATION)</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 <span style="float: right;">Office held</span>

Date <b>11/30/2015</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>\$22.90</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>EVENT EXPENSE (HOLIDAY FOOD DRIVE)</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 <span style="float: right;">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>7 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/30/2015</b>	<b>5</b> Payee name <b>SAMS CLUB</b>	
<b>6</b> Amount (\$) <b>\$33.03</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>EVENT EXPENSE (HOLIDAY FOOD DRIVE)</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>12/03/2015</b>	Payee name <b>EL ULTIMO TACO</b>	
Amount (\$) <b>\$56.11</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>MEAL EXPENSE (FOOD FOR VOLUNTEERS)</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>12/16/2015</b>	Payee name <b>WAL-MART</b>	
Amount (\$) <b>\$48.71</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2721 BOCA CHICA BLVD BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (HOLIDAY POST CARDS)</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 ONLY 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>8 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/19/2015</b>	<b>5</b> Payee name <b>HEB</b>	
<b>6</b> Amount (\$) <b>\$45.72</b>	<b>7</b> Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE (THANKSGIVING OUTREACH)</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>10/12/2015</b>	Payee name <b>BORDER BROTHERHOOD OF TEXAS</b>	
Amount (\$) <b>\$20.00</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE TX 78520</b>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE (RAFFLE TICKETS)</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>10/24/2015</b>	Payee name <b>WAL-MART</b>	
Amount (\$) <b>\$80.69</b>	Payee address; City; State; Zip Code <b>3500 W ALTON GLOOR BROWNSVILLE TX 78520</b>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE</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

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>9 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>10/29/2015</b>	<b>5</b> Payee name <b>THE HOME DEPOT</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$32.38</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>605 W MORRISON ROAD BROWNSVILLE TX 78520</b>
---	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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>11/01/2015</b>	Payee name <b>WAL-MART</b>
---------------------------	-------------------------------

Amount (\$) <b>\$33.53</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>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE</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>11/29/2015</b>	Payee name <b>BEST BUY</b>
---------------------------	-------------------------------

Amount (\$) <b>\$151.54</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2701 PABLO KISEL BLVD BROWNSVILLE TX 78520</b>
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION EXPENSE (GIFT FOR RAFFLE)</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
--	-------------------------------	---------------	-------------

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>10 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/16/2015</b>	<b>5</b> Payee name <b>WAL-MART</b>	
<b>6</b> Amount (\$) <b>\$16.40</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> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE (HOLIDAY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>11/03/2015</b>	Payee name <b>BASS PRO SHOP</b>	
Amount (\$) <b>\$23.80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>101 BASS PRO DRIVE HARLINGEN TX 78550</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>11/03/2015</b>	Payee name <b>DOLLAR GENERAL STORE</b>	
Amount (\$) <b>\$4.87</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1304 CENTRAL BLVD BROWNSVILLE TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</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 ONLY 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>11 OF 12</b>	<b>2</b> FILER NAME <b>ERIC GARZA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date <b>11/03/2015</b>	<b>5</b> Payee name <b>HOBBY LOBBY</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>\$2.26</b>	<b>7</b> Payee address; City; State; Zip Code <b>2209 W LINCOLN HARLINGEN TX 78550</b>
---------------------------------------	---

Reimbursement from political contributions intended

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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>11/03/2015</b>	Payee name <b>HOBBY LOBBY</b>
---------------------------	----------------------------------

Amount (\$) <b>\$2.26</b>	Payee address; City; State; Zip Code <b>2209 W LINCOLN HARLINGEN TX 78550</b>
------------------------------	--

Reimbursement from political contributions intended

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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>11/04/2015</b>	Payee name <b>ANTIQUES &amp; ARTISAN EMPORIUM</b>
---------------------------	--

Amount (\$) <b>\$7.39</b>	Payee address; City; State; Zip Code <b>123 E JACKSON ST HARLINGEN TX 78550</b>
------------------------------	--

Reimbursement from political contributions intended

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

**3** Filer ID (Ethics Commission Filers)

**1** Total pages Schedule G:  
**12 OF 12**

**2** FILER NAME  
**ERIC GARZA**

**4** Date  
**11/03/2015**

**5** Payee name  
**DOLLAR TREE STORES INC**

**6** Amount (\$)  
**\$3.25**

**7** Payee address; City; State; Zip Code  
**2109 W LINCOLN AVE  
HARLINGEN TX 78552**

Reimbursement from political contributions intended

**8** (a) Category (See Categories listed at the top of this schedule)  
**EVENT EXPENSE**

(b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

**PURPOSE OF EXPENDITURE**

Candidate / Officeholder name  
Office sought Office held

**9** Complete ONLY if direct expenditure to benefit C/OH

Date  
**12/06/2015**

Payee name  
**WAL-MART**

Amount (\$)  
**\$25.47**

Payee address; City; State; Zip Code  
**3500 W ALTON GLOOR BLVD  
BROWNSVILLE TX 78520**

Reimbursement from political contributions intended

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

(b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

**PURPOSE OF EXPENDITURE**

Candidate / Officeholder name  
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

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

(b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

**PURPOSE OF EXPENDITURE**

Candidate / Officeholder name  
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

