# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>75</b>
3 CANDIDATE / OFFICEHOLDER NAME	MR. FIRST ERIC	MI	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	GARZA		200000
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P O BOX 4173 BROWNSVILLE TX 78520	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION  JAN 15 2016
Change of Address	AREA CODE PHONE NUMBER	EVENION	
5 CANDIDATE/ OFFICEHOLDER PHONE	( 956 ) 551-0155	EXTENSION	Date Hang delivered or Data Postularied
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  MR. ROBERT BRU	MI ICE	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
8"	THARPE		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S P O BOX 4173 BROWNSVILLE TX 78520	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 551-0155	EXTENSION	
9 REPORT TYPE	July 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
			-
10 PERIOD COVERED	Month Day Year  07	THROUGH 12	Day Year <b>2015</b>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
7.	CAMERON COUNTY DISTRICT CLERK		
		PAGE 2	

		ł
•		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME ER	14 C/OH NAME ERIC GARZA  15 Filer ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	GENERAL					
	SPECIFIC COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ <b>0.00</b>				
	100000000000000000000000000000000000000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,100.00				
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0.00				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 25,513.57				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ <b>153.35</b>				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* <b>0.00</b>				
18 AFFIDAVIT							
FRANCISCO MONREAL, JR. Notary Public, State of Texas My Commission Expires August 05, 2018  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							
AFFIX NOTARY STAME	P/SEALABOVE	ERIC	BARZA				
Sworn to and subscr			, this the/5**				
day of <b>JANUAR</b>	7, 20_ <b>16</b> , t	o certify which, witness my hand and seal of office.					
M		Francisco Monieal Ir.	Notary Public				
Signature of officer ac	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

FRANCISCO MONREAU, 3R. Nordry Public Stare of Texas My Commission Exame August 65, 2018



TE Platery Poller

Energy mines I

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C			mmission Filers)
	ERIC (	GARZA		
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,100.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	. SCHEDULE E: LOANS			\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 23,905.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 1,607.92
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 01 OF 16
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
1 Date 11/19/2015	5 Full name of contributor ☐ out-of-state PAC NOE D. GARZA JR.  6 Contributor address; City; State; 854 E VAN BUREN ST BROWNSVII	; Zip Code	7 Amount of contribution (\$) \$500.00
Principal occu	, , , , , , , , , , , , , , , , , , ,	9 Employer (See Instruct	ions)
Date <b>07/27/2015</b>	Full name of contributor  ut-of-state PAC  LINEBARGER GOGGAN BLAIR & SA  Contributor address; City; State;  P O BOX 17428 AUSTIN TX 78760		Amount of contribution (\$) \$1,000.00
Principal occup	ation / Job title (See Instructions)  YS	Employer (See Instruct	ions)
Date 09/01/2015	Full name of contributor	Zip Code	Amount of contribution (\$) \$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/24/2015	ZAYAS & ZAMORA	(ID#:) Zip Code 78520	Amount of contribution (\$)
Principal occur	ation / Job title (See Instructions)	Employer (See Instructi	ions)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2 OF 16
FILER NAME	<b>'A</b>		3 Filer ID (Ethics Commission Filers
1 Date	5 Full name of contributor  ut-of-state PAC (I	D#:)	7 Amount of contribution (\$)
07/27/2015	GARCIA OCHOA & MASK		\$500.00
	6 Contributor address; City; State;	Zip Code	
	820 S MAIN MCALLEN TX 78501		
Principal occu	pation / Job title (See Instructions)  YS	Employer (See Instructi	ons)
Date	·	D#:)	Amount of contribution (\$)
8/28/2015	TREVINO & BODDEN		\$500.00
	Contributor address; City; State;		<b>\$300.00</b>
	805 MEDIA LUNA STE 300 BROWNSV	VILLE TX 78520	
Principal occup ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
8/24/2015	HAMILTON LUCIO		4400.00
	Contributor address; City; State;		\$100.00
	805 OLD PORT ISABEL RD BROWNSV	VILLE TX 78520	
Principal occup ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
0/26/2045	THE GREEN LAW FIRM		
8/26/2015	Contributor address; City; State;	Zip Code	\$500.00
	34 S CORIA ST BROWNSVILLE TX 78	520	

#### SCHEDULE A1

1			
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 3 OF 16
2 FILER NAME ERIC GARZ	'A		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2015	5 Full name of contributor out-of-state PAC (II DENTON NAVARRO ROCHA BERNAL  6 Contributor address; City; State;  701 E HARRISON ST STE 100 HARLI	Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal occup	,	Employer (See Instruct	ions)
Date 08/04/2015	Full name of contributor		Amount of contribution (\$) \$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date <b>07/14/2015</b>	Full name of contributor out-of-state PAC (II GILBERTO HINOJOSA  Contributor address; City; State;  622 E ST CHARLES BROWNSVILLE T.	Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 09/04/2015	JOE SALAZAR	D#:) Zip Code	Amount of contribution (\$) \$225.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 OF 16
2 FILER NAME ERIC GAR	ZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: CARLOS R MASSO	7 Amount of contribution (\$)
09/18/2015	6 Contributor address; City; State; Zip 1000 E MADISON ST BROWNSVILLE TX	Code
8 Principal occu ATTORNE		nployer (See Instructions)
Date <b>09/04/2015</b>	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip 777 E HARRISON BROWNSVILLE TX 785	Code
Principal occup		nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
09/04/2015	Contributor address; City; State; Zip 932 E VAN BUREN ST BROWNSVILLE TX	ļ.
Principal occup	·	nployer (See Instructions)
Date	Full name of contributor out-of-state_PAC (ID#:	
09/03/2015	Contributor address; City; State; Zip C	
Principal occup	ation / Job title (See Instructions) Em	nployer (See Instructions)

#### SCHEDULE A1

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 OF 16
FILER NAME ERIC GAR	ZA	3 Filer ID (Ethics Commission Filers
Date 09/04/2015	5 Full name of contributor out-of-state PAC (ID#:  MELANIE G LITTLE  6 Contributor address; City; State; Zip C	\$225.00
	24 SAN DIEVO AVE BROWNSVILLE TX 78	
Principal occu	pation / Job title (See Instructions)  9 Emp	oloyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
7/27/2015		
Principal occup	<u> </u>	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9/05/2015	JOE G RIVERA  Contributor address; City; State; Zip Co	\$50.00
	P O BOX 5868 BROWNSVILLE TX 78520	
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)
Date 0/09/2015	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Co  554 E JACKSON BROWNSVILLE TX 78520	ode
	334 E GACKSON BROWNSVILLE IX 76320	
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 OF 16
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  out-of-state PAC  ENRIQUE PENA 6 Contributor address; City; State; 335 W RUBEN TORRES BLVD BROWN	Zip Code	7 Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 10/01/2015	Full name of contributor	1	Amount of contribution (\$) \$500.00
	8814 BRAE ACRES HOUSTON TX 77	·	
Principal occup ATTORNEY	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/28/2015	Full name of contributor out-of-state PAC ANN NIX  Contributor address; City; State;  104 PIZARRO RANCHO VIEJO TX 78	•	Amount of contribution (\$)
Principal occup ATTORNEY	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/27/2015	DANIEL T ROBLES		Amount of contribution (\$)
	Contributor address; City; State; 418 W TYLER AVE HARLINGEN TX 7		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ation / Job title (See Instructions)		ions)

#### SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 7 OF 16
FILER NAME ERIC GAR		1 11 11		3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor  MARY ESTHER SORC		C (ID#:)	7 Amount of contribution (\$)
73/01/2013	6 Contributor address; 1999 W JEFFERSON S	•	,	\$100.00
Principal occu	  pation / Job title (See Instructions)		9 Employer (See Instruc	l etions)
Date	Full name of contributor  RUBEN HERRERA	out-of-state PA	C (ID#:)	Amount of contribution (\$)
<b>08/14/2015</b>	Contributor address; 37 W ELIZABETH BRO	City; State	•	\$200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 8/19/2015	Full name of contributor  CINDY BILBIE  Contributor address;			Amount of contribution (\$)
Principal occup	2817 CYPRESS DR HA pation / Job title (See Instructions)	RLINGEN TX	Employer (See Instruc	itions)
Date 8/04/2015	Full name of contributor  ROBERT GARZA  Contributor address;  1200 E HARRISON ST		e; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	. 1 - 11-	Employer (See Instruc	tions)



#### SCHEDULE A1

FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributorout-of-state PAC ESTELA CHAVEZ VASQUEZ	(ID#:)	7 Amount of contribution (\$)
08/04/2015	6 Contributor address; City; State;		\$100.00
	955 E TYLER BROWNSVILLE TX 785		
Principal occu		9 Employer (See Instruct	tions)
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
7/31/2015	ALICIA HERNANDEZ		\$100.00
	Contributor address; City; State;	i i	***
	<b>BROWNSVILLE TX 78520</b>		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
08/05/2015	BRIAN G JANIS		\$100.00
	Contributor address; City; State;	Zip Code	·
	777 E HARRISON ST BROWNSVILLE	TX 78520	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	Full name of contributor	(ID#:)	Amount of contribution (\$)
Date		į.	\$50.00
		Zip Code	
Date 08/04/2015		'	

#### SCHEDULE A1

### Principal occupation / Job title (See Instructions)  ### Principal occupation / Job title (See Instructions)  ### Principal occupation / Job title (See Instructions)  #### Principal occupation / Job title (See Instructions)  #### Principal occupation / Job title (See Instructions)  ##### Principal occupation / Job title (See Instructions)  ###################################				
### Principal occupation / Job title (See Instructions)  ### Principal occupation / Job title (See Instructions)  ### Principal occupation / Job title (See Instructions)  #### Principal occupation / Job title (See Instructions)  #### Principal occupation / Job title (See Instructions)  ##### Principal occupation / Job title (See Instructions)  ###################################	The	Instruction Guide explains how to complete this	form.	, -
O7/24/2015  ESPARZA & GARZA 6 Contributor address; City; State; Zip Code 964 E LOS EBANOS BLVD BROWNSVILLE TX 78520  8 Principal occupation / Job title (See Instructions)  Date O7/27/2015  Date Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date O7/31/2015  Date Full name of contributor JAVIER RIVERA Contributor address; City; State; Zip Code 1126 PLANETA BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Date O7/31/2015  Principal occupation / Job title (See Instructions)  Date O7/31/2015  Date Principal occupation / Job title (See Instructions)  Date O7/29/2015  Date O7/29/2015  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) \$200.00  Amount of contribution (\$) \$200.00  Amount of contribution (\$) \$250.00  Principal occupation / Job title (See Instructions)  Date O7/29/2015  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)		ZA		3 Filer ID (Ethics Commission Filers)
6 Contributor address;   City: State: Zip Code			(ID#:)	· ·
8 Principal occupation / Job title (See Instructions) ATTORNEYS  Date 07/27/2015  Date 07/27/2015  Principal occupation / Job title (See Instructions)  Date 07/27/2015  Date 07/27/2015  Date 07/27/2015  Date 07/27/2015  Date 07/31/2015  Date 07/31/3015  Date 07	07/24/2015		i	\$250.00
Date 07/27/2015    Full name of contributor			•	
O7/27/2015  JAVIER RIVERA  Contributor address; City; State: Zip Code 1126 PLANETA BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  VILLIAM HAMER  Contributor address; City; State; Zip Code 4200 N BICENTENNIAL MCALLEN TX 78504  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  250.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			9 Employer (See Instruct	tions)
Contributor address; City; State; Zip Code  1126 PLANETA BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  O7/31/2015  Full name of contributor  WILLIAM HAMER  Contributor address; City; State; Zip Code  4200 N BICENTENNIAL MCALLEN TX 78504  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  O7/29/2015  Full name of contributor  BENIGNO (TREY) MARTINEZ  Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  O7/31/2015  Full name of contributor  WILLIAM HAMER  Contributor address; City; State; Zip Code  4200 N BICENTENNIAL MCALLEN TX 78504  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$200.00  Amount of contribution (\$)  Date  O7/29/2015  BENIGNO (TREY) MARTINEZ  Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	U//2//2015		li di	\$200.00
Date 07/31/2015  Full name of contributor WILLIAM HAMER  Contributor address; City; State; Zip Code 4200 N BICENTENNIAL MCALLEN TX 78504  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		•	•	
WILLIAM HAMER  Contributor address; City; State; Zip Code  4200 N BICENTENNIAL MCALLEN TX 78504  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date  07/29/2015  BENIGNO (TREY) MARTINEZ  Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Employer (See Instructions)	Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Contributor address; City; State; Zip Code  4200 N BICENTENNIAL MCALLEN TX 78504  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  BENIGNO (TREY) MARTINEZ  Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pate  Full name of contributor  out-of-state PAC (ID#:  Amount of contribution (\$)  BENIGNO (TREY) MARTINEZ  Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Contributor address; City; State;	Zip Code	\$200.00
Date 07/29/2015    Full name of contributor		4200 N BICENTENNIAL MCALLEN T	X 78504	
07/29/2015  BENIGNO (TREY) MARTINEZ  Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Date	out of oldio file	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code  1201 E VAN BUREN ST BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	07/29/2015	· · · · · · · · · · · · · · · · · · ·		¢250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				\$250.00
		1201 E VAN BUREN ST BROWNSVIL	LE TX 78520	
ATTORNET	Principal occup		Employer (See Instructi	ions)

#### SCHEDULE A1

71.			1 Total pages Schedule A1:
ıne	Instruction Guide explains how to complete this	form.	10 OF 16
2 FILER NAME ERIC GAR			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  uut-of-state PAC ( GREGORIO PADILLA	(ID#:)	7 Amount of contribution (\$)
08/01/2015	6 Contributor address; City; State;		\$100.00
	854 E VAN BUREN ST BROWNSVIL	•	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
07/30/2015	RENE A FLORES	Zip Code	\$100.00
ļ	403 N CONWAY AVE MISSION TX 78	572	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/07/2015	Contributor address; City; State;		\$100.00
!	4113 PADRE BLVD SOUTH PADRE IS	<b>SLAND TX 78597</b>	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date <b>08/13/2015</b>	Full name of contributor out-of-state PAC (I	(ID#:)	Amount of contribution (\$)
00/10/20:0	Contributor address; City; State;  AMARILLO TX	Zip Code	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME ERIC GAR			11 OF 16  3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
07/24/2015	6 Contributor address; City; State; 37 W ELIZABETH ST BROWNSVIL	; Zip Code	\$500.00
8 Principal occup	, ,	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/10/2015	Contributor address; City; State;  117 E PRICE RD BROWNSVILLE TX	; Zip Code	\$500.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/11/2015	Contributor address; City; State;  340 ACACIA LAKE BROWNSVILLE	Zip Code	\$500.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 07/27/2015	MARY AGADO	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State; P O BOX 3235 HARLINGEN TX 7855	Zip Code	\$500.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)

		,	

#### SCHEDULE A1

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 12 OF 16
PILER NAME			3 Filer ID (Ethics Commission Filers)
Date 08/11/2015	5 Full name of contributor  out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; Stat P O BOX 3190 BROWNSVILLE TX	te; Zip Code	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
7/21/2015	RENE O OLIVEIRA		<b>.</b>
	Contributor address; City; Stat	te; Zip Code	\$500.00
	855 W PRICE ROAD BROWNSVILLI	E TX 78520	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
8/24/2015	FABIAN LIMAS JR		
	Contributor address; City; State		\$200.00
	1728 BOCA CHICA BLVD BROWNS	SVILLE TX 78520	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	G (ID#:)	Amount of contribution (\$)
8/13/2015	EDDIE LUCIO III		
	Contributor address; City; State	e; Zip Code	\$500.00
	P O BOX 2106 SAN BENITO TX 78	586	
Principal accur	ation / Job title (See Instructions)	Employer (See Instruct	ions)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13 OF 16
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/21/2015	SOFIA C BENAVIDES		
	6 Contributor address; City; State;	; Zip Code	\$500.00
	4090 RETAMA DR BROWNSVILLE T	X 78520	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/24/2015	MARIA E SOLIS		.,
00/24/2013	Contributor address; City; State;	1	\$500.00
	1835 DON QUIXOTE BROWNSVILLE	TX 78520	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	JARED HOCKEMA		
08/21/2015	Contributor address; City; State;		\$100.00
	P O BOX 533909 HARLINGEN TX 78	8553	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/07/2015	KALIM HABET	(1011)	, and an extended (4)
00/01/2010		Zip Code	\$1,000.00
	213 HEART DRIVE BROWNSVILLE T	TX 78520	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

## SCHEDULE A1

	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Priler Name			14 OF 16 3 Filer ID (Ethics Commission Filers)
ERIC GAR	ZA		
Date		(ID#:)	7 Amount of contribution (\$)
07/22/2015	REY ESQUIVEL		
	6 Contributor address; City; State;		\$1,000.00
	P O BOX 822 HARLINGEN TX 78551	i	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/27/2015	MARINO VILANO		
	Contributor address; City; State;	Zip Code	\$500.00
	861 VERBANA LN BROWNSVILLE 1	ГХ 78520	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/26/2015	RICK CANALES		
	Contributor address; City; State;	Zip Code	\$500.00
	845 E HARRISON BROWNSVILLE T	X 78520	
Principal occup	ration / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
- !	LOUIS SOROLA	D#:	Amount of Contribution (4)
08/17/2015			\$250.00
08/17/2015	Contributor address; City; State;	Zip Code	<b>T</b>
08/17/2015	Contributor address; City; State; 1999 W JEFFERSON BROWNSVILLE	•	•

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 OF 16
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2015	5 Full name of contributor  out-of-state PAC ( LOUIS SOROLA  6 Contributor address; City; State;  1999 W JEFFERSON BROWNSVILLE	Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)
Date 09/21/2015	Full name of contributor out-of-state PAC ( DANIEL A SANCHEZ  Contributor address; City; State;  27095 BAKER POTTS RD HARLINGE	·	Amount of contribution (\$) \$1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date <b>09/10/2015</b>	Full name of contributor out-of-state PAC (  ALBERT LEE RODRIGUEZ  Contributor address; City; State;  946 E VAN BUREN BROWNSVILLE T	1	Amount of contribution (\$) \$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 09/09/2015	MICHAEL RODRIGUEZ	Zip Code	Amount of contribution (\$) \$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 16 OF 16	
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)	
4 Date 09/18/2015	5 Full name of contributor out-of-state PAC (  JAVIER VILLARREAL	(ID#:)	7 Amount of contribution (\$)	
00/10/2010	6 Contributor address; City; State;	Zip Code	\$1,000.00	
	2401 WILDFLOWER DR BROWNSVILI	LE TX 78526		
8 Principal occu		9 Employer (See Instruct	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
08/17/2015	EUGENE CISNEROS			
	Contributor address; City; State;		\$1,000.00	
	HOUSTON TX			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
09/21/2015				
	Contributor address; City; State;	Zip Code	\$500.00	
	611 W LEVEE BROWNSVILLE TX 78	520		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
	ATTACH ADDITIONAL COPIES OF			

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1: 1 0F 44	2 FILER NAME ERIC GARZA	3 File	TID (Ethics Commission Filers)
Date	5 Payee name		10
07/26/2015	BROWNSVILLE USPS		
Amount (\$) <b>\$49.00</b>	7 Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	(b) Description  Check if travel outside of Text  Check if Austin, TX, office	·
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date <b>07/26/2015</b>	Payee name BROWNSVILLE USPS		
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  POSTAGE EXPENSE	Description Check if travel outside of Texa Check if Austin, TX, office	·
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date <b>07/26/2015</b>	Payee name BROWSVILLE USPS		
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  POSTAGE EXPENSE	Description  Check if travel outside of Texas  Check if Austin, TX, officel	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 07/26/2015	5 Payee name BROWNSVILLE USPS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		CONTRACTOR AND ADDRESS OF THE STATE OF THE S
\$49.00	1535 LOS EBANOS BROWNSVILLE TX 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	POSTAGE EXPENSE		tside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/28/2015	KIKI'S RESTAURANT		
Amount (\$)	Payee address; City; State; Zip Code		
\$29.00	2501 PAREDES LN RD		
	BROWNSVILLE TX 78521		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	EVENT EXPENSE		side of Texas. Complete Schedule T.
EXPENDITURE	(GOLF TOURNAMENT MEETING)	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/28/2015	BROWNSVILLE USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$49.00	1535 LOS EBANOS BROWNSVILLE TX 78520		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	POSTAGE EXPENSE		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED

## SCHEDULE F1

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

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

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

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

The Instruction Guide explains how to c	omplete this form.	•
2 FILER NAME ERIC GARZA	3	Filer ID (Ethics Commission Filers)
5 Payee name BROWNSVILLE USPS		
7 Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
(a) Category (See Categories listed at the top of this schedule)  POSTAGE EXPENSE		of Texas. Complete Schedule T. , officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name BROWNSVILLE USPS		
Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
Category (See Categories listed at the top of this schedule)  POSTAGE EXPENSE		of Texas. Complete Schedule T. officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name  BROWNSVILLE USPS		
Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE		of Texas. Complete Schedule T. officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	2 FILER NAME ERIC GARZA  5 Payee name BROWNSVILLE USPS  7 Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520  (a) Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE  Candidate / Officeholder name  Payee name BROWNSVILLE USPS  Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520  Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE  Candidate / Officeholder name  BROWNSVILLE USPS  Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE USPS  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE  Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	ERIC GARZA  5  Payee name BROWNSVILLE USPS  7  Payee address;

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Manas/Contract Labor,

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not list complete this form.	ed above)
1 Total pages Schedule F1: 4 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commi	ssion Filers)
4 Date 08/06/2015	5 Payee name BROWNSVILLE USPS	-	
6 Amount (\$) \$49.00	7 Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office h	neld
Date	Payee name		
08/06/2015	BROWNSVILLE USPS		
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office h	eld
Date <b>08/06/2015</b>	Payee name BROWNSVILLE USPS		
Amount (\$) <b>\$49.00</b>	Payee address; City; State; Zip Code 1535 LOS EBANOS BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  POSTAGE EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office I	neld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

## SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/06/2015</b>	5 Payee name STAPLES	,	
6 Amount (\$) \$32.45	7 Payee address; City; State; Zip Code 2436 PABLO KISEL BLVD. BROWNSVILLE TX 78521		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  OFFICE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date <b>08/06/2015</b>	Payee name TEXAS MEDICAL BOARD		
Amount (\$) <b>\$61.91</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	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 1679 HWY 100 PORT ISABEL TX 78578		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  TRANSPORTATION EXPENSE	1 -	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

### SCHEDULE 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. 1 Total pages Schedule F1: 2 FILER NAME ERIC GAP 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 5 Payee name 08/12/2015 DAVE AND BUSTER'S DINING ROOM 6 Amount (\$) 7 Payee address; City; State; Zip Code \$130.64 9333 RESEARCH BLVD **AUSTIN TX 78759** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **EVENT EXPENSE** Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 08/12/2015 **KUNTRY KORNER** Amount (\$) Payee address; City; State; Zip Code \$27.57 Category (See Categories listed at the top of this schedule) Description \_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TRAVEL EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date **08/14/2015** Payee name **EXXON** Amount (\$) Payee address; City; State; Zip Code \$32.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TRAVEL EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 7 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 08/15/2015	5 Payee name TODDLE INN		
6 Amount (\$) \$34.37	7 Payee address; City; State; Zip Code 1740 CENTRAL BLVD. BROWNSVILLE TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date <b>08/16/2015</b>	Payee name EXXON EXPRESS PAY		
Amount (\$) \$32.91	Payee address; City; State; Zip Code 1725 INTERNATIONAL BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  TRAVEL EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date <b>08/20/2015</b>	Payee name AQUAS FRESCAS		
Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code 2006 RANCHO VIEJO AVE BROWSVILLE TX 78526		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 8 OF 44 **ERIC GARZA** 5 Payee name LOWE'S HOME CENTERS, LLC 08/23/2015 6 Amount (\$) 7 Payee address; City; State; Zip Code \$29.15 **525 EAST RUBEN TORRES BLVD. BROWNSVILLE TX 78520** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OFFICE EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name **CHECKS UNLIMITED** 08/25/2015 Amount (\$) **\$58.78** Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **ACCOUNTING/BANKING EXPENSE** Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 08/27/2015 APPLEBEE'S RESTAURANT City; State; Zip Code Amount (\$) Payee address; \$108.52 **1519 WEST HARRISON** HARLINGEN TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 OF 44 **ERIC GARZA** 4 Date 08/27/2015 5 Payee name LOWE'S HOME CENTERS, LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code \$47.28 **525 EAST RUBEN TORRES BLVD. BROWNSVILLE TX 78520** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF (GOLF TOURNAMENT EVENT) Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 08/28/2015 **SAM'S CLUB** Payee address; City; State; Zip Code BROWNSVILLE TX 78526 Amount (\$) Payee address; \$178.95 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (GOLF TOURNAMENT EVENT) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/28/2015 WALMART Amount (\$) Payee address; City; State; Zip Code \$10.76 3500 W ALTON GLOOR BLVD. **BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (GOLF TOURNAMENT EVENT) **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held

expenditure to benefit C/OH

## 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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

The Instruction Guide explains how to c	complete this form.	
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
5 Payee name FACEBOOK ADS MANAGER		
7 Payee address; City; State; Zip Code		
(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name DIGITAL PRINT STUDIO		
Payee address; City; State; Zip Code 1160 ALTON GLOOR STE G1 BROWNSVILLE TX 78526		
Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE (GOLF TOURNAMENT EVENT)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name WALMART		
Payee address; City; State; Zip Code 3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520		
Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT EVENT)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	2 FILER NAME ERIC GARZA  5 Payee name FACEBOOK ADS MANAGER  7 Payee address; City; State; Zip Code  (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE  Candidate / Officeholder name  Payee name DIGITAL PRINT STUDIO  Payee address; City; State; Zip Code 1160 ALTON GLOOR STE G1 BROWNSVILLE TX 78526  Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (GOLF TOURNAMENT EVENT)  Candidate / Officeholder name  Payee name WALMART  Payee address; City; State; Zip Code 3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520  Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT EVENT)	ERIC GARZA  5 Payee name FACEBOOK ADS MANAGER  7 Payee address; City; State; Zip Code  (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Payee name DIGITAL PRINT STUDIO  Payee address; City; State; Zip Code 1160 ALTON GLOOR STE G1 BROWNSVILLE TX 78526  Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (GOLF TOURNAMENT EVENT)  Payee name WALMART  Payee address; City; State; Zip Code 3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520  Category (See Categories listed at the top of this schedule) BROWNSVILLE TX 78520  Category (See Categories listed at the top of this schedule) Check if Austin,  Description  Check if Austin,  Description  Check if Austin,  Office sought  Check if Austin,  Office Sought  Check if Austin,  Office Sought

# SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2015	5 Payee name WALMART		
6 Amount (\$)	7 Payee address; City; State; Zip Code		11 11 11 11 11 11 11 11 11 11 11 11 11
\$5.80	3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel or	utside of Texas. Complete Schedule T.
OF	EVENT EXPENSE	Check if Austin	n, TX, officeholder living expense
EXPENDITURE	(GOLF TOURNAMENT)		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date 09/04/2015	Payee name WALMART		
Amount (\$) <b>\$53.48</b>	Payee address; City; State; Zip Code 3500 W. ALTON GLOOR BLVD. BROWNSVILLE TX 78520		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	EVENT EXPENSE	Check if travel out	utside of Texas. Complete Schedule T.
OF EXPENDITURE	(GOLF TOURNAMENT)	Check if Austin,	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/04/2015	WALMART		
Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code 3500 W. ALTON GLOOR BLVD.		
<b>40.0</b> 0	BROWNSVILLE TX 78520		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	EVENT EXPENSE		rtside of Texas. Complete Schedule T.
EXPENDITURE	(GOLF TOURNAMENT)	Check if Austin,	, i.v., unicended living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

### SCHEDULE F1

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

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

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12 OF 44 **ERIC GARZA** 4 Date 5 Payee name 09/05/2015 CITY OF BROWNSVILLE GOLF CENTER 6 Amount (\$) 7 Payee address; City; State; Zip Code \$880.00 CITY OF BROWNWSVILLE GOLF CENTER **BROWNSVILLE TX** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (GOLF TOURNAMENT EVENT) Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Pavee name 09/05/2015 THE HOME DEPOT Amount (\$) Payee address; City; State; Zip Code 605 W MORRISON RD. \$18.22 **BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense (GOLF TOURNAMENT) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/12/2015 **INTERNATIONAL COFFEE** Amount (\$) City; State; Zip Code Pavee address: \$100.98 **2505 INTERNATIONAL B BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

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

Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 13 OF 44 4 Date 5 Payee name 09/14/2015 **WALMART.COM** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$38.89 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense OF (LOCAL RACES FUNDRAISER) EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 09/21/2015 **STRIPES** City; State; Zip Code Amount (\$) Payee address; 2501 CENTRAL BLVD. \$28,30 **BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE TRAVELING EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/22/2015 **BROWNSVILLE USPS** Amount (\$) Pavee address: City; State; Zip Code \$49.00 **1535 LOS EBANOS BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE POSTAGE EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ior (ornor a category riot notice above)
1 Total pages Schedule F1: 14 OF 44	2 FILER NAME ERIC GARZA	3 1	Filer ID (Ethics Commission Filers)
4 Date 09/22/2015	5 Payee name SAM'S CLUB		
6 Amount (\$) \$238.42	7 Payee address; City; State; Zip Code BROWNSVILLE TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (SAN BENITO NATIONAL NIGHT OUT)		of Texas. Complete Schedule T. officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date <b>09/29/2015</b>	Payee name ACADEMY		
Amount (\$) <b>\$51.95</b>	Payee address; City; State; Zip Code BROWNSVILLE TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (SAN BENITO NATIONAL NIGHT OUT)		Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date <b>09/29/2015</b>	Payee name EL POLLO LOCO		
Amount (\$) <b>\$5.41</b>	Payee address; City; State; Zip Code 54 S. EXPRESSWAY 83 BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FOOD EXPENSE		Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	)

### 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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 15 OF 44 4 Date 09/29/2015 Payee name FAMILY DOLLAR 7 Payee address; City; State; Zip Code 1601 E PRICE RD 6 Amount (\$) \$5.33 **BROWNSVILLE TX** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (SAN BENITO NATIONAL **NIGHT OUT)** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 09/29/2015 **SAM'S CLUB** Amount (\$) Pavee address: City; State; Zip Code \$19.64 **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** (SAN BENITO NATIONAL **NIGHT OUT)** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name WALMART Date 09/29/2015 Payee address; City; State; Zip Code 3500 W. ALTON GLOOR BLVD. Amount (\$) \$102.39 **BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (SAN BENITO NATIONAL **NIGHT OUT)** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: 16 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2015	5 Payee name WALMART	
6 Amount (\$) \$1.08	7 Payee address; City; State; Zip Code 2721 BOCA CHICA BLVD. BROWNSVILLE TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (SAN BENITO NATIONAL  NIGHT OUT)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 10/06/2015	Payee name THE HOME DEPOT	
Amount (\$) <b>\$58.11</b>	Payee address; City; State; Zip Code 605 W MORRISON RD BROWNSVILLE TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE/ADVERTISING	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 10/07/2015	Payee name EMILIA'S RESTAURANT	
Amount (\$) <b>\$39.90</b>	Payee address; City; State; Zip Code 605 W. ELIZABETH ST. BROWNSVILLE TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FOOD EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,
1 Total pages Schedule F1: 17 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2015	5 Payee name THE HOME DEPOT		
6 Amount (\$) <b>\$14.87</b>	7 Payee address; City; State; Zip Code 605 W MORRISON RD BROWNSVILLE TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE/ADVERTISING		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 11/10/2015	Payee name <b>H.E.B.</b>		
Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code 2250 BOCA CHICA BLVD. BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (VOLUNTEER APPRECIATION)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11/10/2015	Payee name <b>H.E.B.</b>		***************************************
Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code 2250 BOCA CHICA BLVD. BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (VOLUNTEER APPRECIATION)		ntside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sollarias/Magazy/Contract Leber

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

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 18 OF 44 4 Date 5 Payee name 11/03/2015 H.E.B. 6 Amount (\$) 7 Payee address; City; State; Zip Code 2250 BOCA CHICA BLVD. \$5.80 **BROWNSVILLE TX 78520** (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (VOLUNTEER APPRECIATION) EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11/12/2015 **IBC BANK** Amount (\$) Payee address; City; State; Zip Code \$100.00 **630 E ELIZABETH BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (VOLUNTEER APPRECIATION) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/13/2015 **SAM'S CLUB** Amount (\$) Payee address; City; State; Zip Code \$60.94 **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (VOLUNTEER APPRECIATION) Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Trave Trave

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 19 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2015	5 Payee name WALMART		
6 Amount (\$) \$130.97	7 Payee address; City; State; Zip Code 3500 W ALTON GLOOR BLVD. BROWNSVILLE TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (VOLUNTEER APPRECIATION)		ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 11/30/2015	Payee name SAM'S CLUB		
Amount (\$) <b>\$40.49</b>	Payee address; City; State; Zip Code  BROWNSVILLE TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (VOLUNTEER APPRECIATION)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 12/02/2015	Payee name ADOLIOS		
Amount (\$) <b>\$199.17</b>	Payee address; City; State; Zip Code BROWNSVILLE TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (CHRISTMAS CANNED FOOD  DRIVE)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### 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** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 20 OF 44 4 Date 5 Payee name 12/17/2015 **BROWNSVILLE USPS** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$98.00 **1535 LOS EBANOS BROWNSVILLE TX 78520** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** POSTAGE EXPENSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 09/04/2015 H.E.B Pavee address; Amount (\$) City; State; Zip Code \$91.53 2155 PAREDES LINE ROAD **BROWNSVILLE TX 78526** Category (See Categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF **EVENT EXPENSE** ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** (GOLF TOURNAMENT EVENT) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/05/2015 H.E.B Amount (\$) Payee address: City; State; Zip Code \$70.23 2155 PAREDES LINE ROAD **BROWNSVILLE TX 78526** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (GOLF TOURNAMENT EVENT) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

# SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 21 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethi	ics Commission Filers)
4 Date 11/02/2015	5 Payee name THE HOME DEPOT		
6 Amount (\$) <b>\$46.50</b>	7 Payee address; City; State; Zip Code 605 W. MORRISON RD BROWNSVILLE TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	(b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 11/30/2015	Payee name <b>H.E.B.</b>		
Amount (\$) <b>\$25.05</b>	Payee address; City; State; Zip Code 2250 BOCA CHICA BLVD. BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (CHRISTMAS CANNED FOOD  DRIVE)	Description Check if travel outside of Texas. Completes Check if Austin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/10/2015	Payee name <b>H.E.B.</b>		
Amount (\$) <b>\$5.80</b>	Payee address; City; State; Zip Code 2950 SOUTHMOST ROAD BROWNSVILLE TX 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (VOLUNTEER APPRECIATION)	Description  Check if travel outside of Texas. Complete S  Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### SCHEDULE 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 22 OF 44 4 Date 10/30/2015 Payee name DOMINO'S PIZZA 6 Amount (\$) 7 Payee address; City; State; Zip Code \$97.50 3355 BOCA CHICA BLVD. #6 **BROWNSVILLE TX** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE (EMPLOYEE LUNCHEON) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 07/29/2015 **CORNER STORE** Amount (\$) Pavee address: City; State; Zip Code \$36.25 1964 CENTRAL BLVD. **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TRANSPORTATION EXPENSE OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 08/06/2015 **CORNER STORE** Amount (\$) **\$33.00** Payee address; City; State; Zip Code 1964 CENTRAL BLVD. **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TRANSPORTATION EXPENSE Check if Austin, TX, officeholder living expense **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

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 23 OF 44 **ERIC GARZA** SÁM'S CLUB 09/22/2015 6 Amount (\$) 7 Payee address; City; State; Zip Code \$100.00 **BROWNSVILLE TX** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 09/25/2015 **EMILIAS RESTAURANT** Payee address; City; State; Amount (\$) Zip Code \$35.03 **605 WEST ELIZABETH BROWNSVILLE TX 78521** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE FOOD EXPENSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/12/2015 **TEXAS LAND & CATTLE** City; State; Zip Code Amount (\$) Payee address; \$114.29 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/  The Instruction Guide explains how to	Vages/Contract Labor Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1: 24 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2015	5 Payee name THE LONGHORN CATTLE COMPA	NY
6 Amount (\$) <b>\$85.34</b>	7 Payee address; City; State; Zip Code SAN BENITO TX	
8 PURPOSE OF EXPENDITURE	(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
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date 08/26/2015	Payee name  DUBOSE SIGNS	
Amount (\$) \$121.78	Payee address; City; State; Zip Code 601 E. BUCHANAN HARLINGEN TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT EVENT)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date <b>08/27/2015</b>	Payee name DUBOSE SIGNS	
Amount (\$) <b>\$48.71</b>	Payee address; City; State; Zip Code 601 E. BUCHANAN HARLINGEN TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT EVENT)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

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

Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 25 OF 44 ERIC GARZA 3 Filer ID (Ethics Commission Filers) 25 OF 44 4 Date 5 Payee name 09/01/2015 **DUBOSE SIGNS** 6 Amount (\$) 7 Payee address; City; State; Zip Code **601 E. BUCHANAN** \$24.36 **HARLINGEN TX 78550** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense OF (GOLF TOURNAMENT EVENT) **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 07/27/2015 **BROWNSVILLE USPS** Amount (\$) City; State; Zip Code Payee address; **BROWNSVILLE TX** \$49.00 Category (See Categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE **POSTAGE EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 07/27/2015 **BROWNSVILLE USPS** Amount (\$) Pavee address: City; State: Zip Code \$49.00 **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE POSTAGE EXPENSE** OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

(	Credit Card Payment	The Instruction Guide explains how to	complete this form.	outs. (one,
1	Total pages Schedule F1: <b>26 OF 44</b>	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4	Date 07/29/2015	5 Payee name BROWNSVILLE USPS		
6	Amount (\$) <b>\$49.00</b>	7 Payee address; City; State; Zip Code BROWNSVILLE TX		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  POSTAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	Date <b>07/31/2015</b>	Payee name  IBC BANK		
	Amount (\$) <b>\$0.07</b>	Payee address; City; State; Zip Code 1600 FM 802 BROWNSVILLE TX 78526		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING	1 [	tside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Date 07/31/2015	Payee name IBC BANK		
	Amount (\$) \$13.78	Payee address; City; State; Zip Code 1600 FM 802 BROWNSVILLE TX 78526		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING		tside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## SCHEDULE F1

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

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

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

Cledit Gald Fayment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: 27 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2015	5 Payee name ERIC GARZA	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  REIMBURSEMENT EXPENSE	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date <b>08/19/2015</b>	Payee name PIRATES LANDING RESTARAUNT	
Amount (\$) <b>\$297.39</b>	Payee address; City; State; Zip Code PORT ISABEL TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (VOLUNTEER LUNCHEON)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 08/28/2015	Payee name SQUARE INC.	
Amount (\$) <b>\$0.49</b>	Payee address; City; State; Zip Code  BROWNSVILLE TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

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

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

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1: 28 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date <b>08/31/2015</b>	5 Payee name ADOLIOS	
6 Amount (\$) <b>\$295.86</b>	7 Payee address; City; State; Zip Code BROWNSVILLE TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT LUNCHEON)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 08/31/2015	Payee name IBC BANK	
Amount (\$) <b>\$22.18</b>	Payee address; City; State; Zip Code 1600 FM 802 BROWNSVILLE TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date <b>09/02/2015</b>	Payee name VZ WIRELESS	
Amount (\$) <b>\$225.00</b>	Payee address; City; State; Zip Code BROWNSVILLE TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  COMMUNICATIONS EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## 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

<u></u>	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 29 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
<sup>4</sup> Date <b>09/08/2015</b>	5 Payee name SAMS CLUB	<u>'</u>
6 Amount (\$) \$113.42	7 Payee address; City; State; Zip Code BROWNSVILLE TX	
8 PURPOSE OF EXPENDITURE	(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
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date 09/09/2015	Payee name WALMART.COM	
Amount (\$) <b>\$197.89</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (SAN BENITO NATIONAL NIGHT OUT)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>09/11/2015</b>	Payee name TWC	
Amount (\$) <b>\$77.13</b>	Payee address; City; State; Zip Code BROWNSVILLE TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  TELECOMMUNICATIONS EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

orosk out a tyrronk	The Instruction Guide explains how to e	complete this form.			
1 Total pages Schedule F1: 30 OF 44	<sup>2</sup> FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 09/30/2015	5 Payee name IBC BANK				
6 Amount (\$) \$19.03	7 Payee address; City; State; Zip Code 1600 FM 802 BROWNSVILLE TX 78526				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date 10/01/2015	Payee name FACEBOOK MANAGER				
Amount (\$) <b>\$60.00</b>	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date 10/05/2015	Payee name VZ WIRELESS				
Amount (\$) <b>\$212.61</b>	Payee address; City; State; Zip Code BROWNSVILLE TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

### 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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Cledit Gald Fayineiit	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 31 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2015	5 Payee name TWC		
6 Amount (\$) \$77.13	7 Payee address; City; State; Zip Code BROWNSVILLE TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  TELECOMMUNICATIONS EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10/19/2015	Payee name SQ BEETHOVEN		
Amount (\$) \$101.81	Payee address; City; State; Zip Code  LOS FRESNOS TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FUNDRAISER VOLUNTEER  LUNCHEON		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/31/2015	Payee name IBC BANK		
Amount (\$) <b>\$16.85</b>	Payee address; City; State; Zip Code 1600 FM 802 BROWNSVILLE TX 78526		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	EDED



### 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

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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 32 OF 44 4 Date 5 Payee name 11/02/2015 **FACEBOOK MANAGER** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$84.93 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE ADVERTISING EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11/06/2015 **VZ WIRELESS** Amount (\$) Payee address; City; State; Zip Code \$260.00 **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **COMMUNICATIONS EXPENSE EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/12/2015 H.E.B Amount (\$) Payee address; City; State; Zip Code \$5.94 **BROWNSVILLE TX** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPRESS** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (VOLUNTEER APPRECIATION) Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

## SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1: 33 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 11/16/2015	5 Payee name BLUE TOWN MINI MART				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$11.63	SAN BENITO TX				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	 Candidate / Officeholder name H	Office sought Office held			
Date 11/30/2015	Payee name IBC BANK				
Amount (\$)	Payee address; City; State; Zip Code				
\$14.95	1600 FM 802				
	BROWNSVILLE TX 78526				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	ACCOUNTING/BANKING  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 12/01/2015	Payee name FACEBOOK MANAGER				
Amount (\$) <b>\$55.30</b>	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

### 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 34 OF 44 4 Date 5 Payee name 12/07/2015 **VZ WIRELESS** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$100.00 **BROWNSVILLE TX** (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE COMMUNICATIONS EXPENSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **IBC BANK** 12/31/2015 Amount (\$) Pavee address: City; State; Zip Code 1600 FM 802 \$13.70 **BROWNSVILLE TX 78526** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ACCOUNTING/BANKING Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Manas (Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	wages/Contract Labor	Other (enter a category not listed above)	
Total pages Schedule F1: <b>35 OF 44</b>	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)	
Date 09/02/2015	5 Payee name CAMERON COUNTY BAR ASSOCI	ATION		
5 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DONATION EXPENSE  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 00/02/2045	Payee name			
09/02/2015	ARMANDO PEREZ			
Amount (\$) <b>\$52.13</b>	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  REIMBURSEMENT EXPENSE  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/01/2015	ERIC GARZA			
Amount (\$) <b>\$1,000.00</b>	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  REIMBURSEMENT EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

#### 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

	T_		1
1 Total pages Schedule F1: 36 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2015	5 Payee name CAMERON COUNTY BAR ASSOCI	ATION	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	DONATION EXPENSE		outside of Texas. Complete Schedule T.
OF EXPENDITURE		L Check if Austi	in, 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	Payee name		
09/22/2015	MARIA IDALIA PENA		
Amount (\$)	Payee address; City; State; Zip Code	***************************************	
\$3,500.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	. OAN DERAVMENT EVRENCE		utside of Texas. Complete Schedule T.
OF EXPENDITURE	LOAN REPAYMENT EXPENSE	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/10/2015	RGV MEDIA GROUP		
Amount (\$) <b>\$962.50</b>	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	CONSULTING EXPENSE	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 37 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 09/14/2015	5 Payee name LORENA RIVERA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	EVENT EXPENSE	Check if Austin, TX, officeholder living expense
EXPENDITURE	(GOLF TOURNAMENT EVENT)	Citotic in Adding 174, officeriology in large supported
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
09/14/2015	GUADALUPE P. GARZA	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,000.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	LOAN DERAVISENT EVERNOR	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	LOAN REPAYMENT EXPENSE	L Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/16/2015	FERNANDO P. ALVAREZ	
Amount (\$) <b>\$2,000.00</b>	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	LOAN REPAYMENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE F1

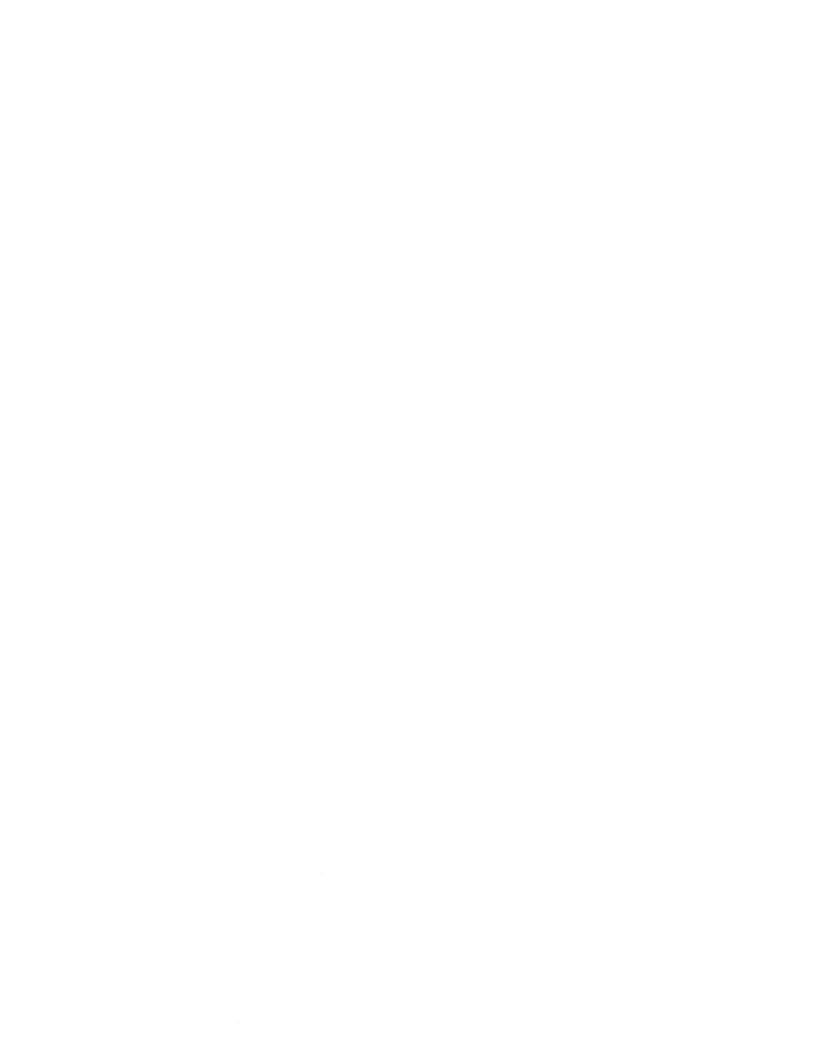
#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	The instruction Guide explains now to d	omplete this form.
1 Total pages Schedule F1: 38 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2015	5 Payee name VFW LADIES AUXILARY	
6 Amount (\$) <b>\$24.00</b>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DONATION EXPENSE	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 09/21/2015	Payee name ERIC GARZA	
Amount (\$) <b>\$600.00</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  REIMBURSEMENT EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 10/07/2015	Payee name LINDA LARA	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (EASTER EGGHUNT OUTREACH)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED



#### SCHEDULE F1

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

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

Amount (\$)

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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. 1 Total pages Schedule F1: 2 FILER NAME 39 OF 44 3 Filer ID (Ethics Commission Filers) 39 OF 44 4 Date 5 Payee name 10/16/2015 **LÉO AGUILAR FOUNDATION** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$100.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/14/2015 **RENE RUELAS** 

Amount (\$) <b>\$40.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)  DONATION EXPENSE	Description  Check if travel outside of Texas. Con  Check if Austin, TX, officeholde	<i>'</i>
EXPENDITURE	(FUNDRAISER)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/14/2015	Payee name RGV MEDIA GROUP		
Amount (\$) <b>\$210.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE	Description  Check if travel outside of Texas. Con  Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Magne/Contract Labor

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

Solicitation/Fundraising Expense

Crandidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1: 40 OF 44	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2015	5 Payee name ERIC GARZA	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  REIMBURSEMENT EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/30/2015	ERIC GARZA	
Amount (\$) <b>\$400.00</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  REIMBURSEMENT EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 11/09/2015	Payee name ERIC GARZA	
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	REIMBURSEMENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 41 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2015	5 Payee name CAMERON COUNTY DEMOCRATION	C PARTY	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DONATION EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	L Candidate / Officeholder name I	Office sought	Office held
Date 12/03/2015	Payee name LINDA'S CAKESHOP		
Amount (\$) <b>\$135.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  DONATION EXPENSE  (TREE OF ANGELS EVENT)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/05/2015	RICARDO GONZALEZ		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT 1ST PLACE)		Iside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

#### SCHEDULE 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 Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 42 OF 44 4 Date 5 Payee name 09/05/2015 **MARTIN HINOJOSA** 6 Amount (\$) 7 Payee address; City; State; Zip Code **BROWNSVILLE, TX 78520** \$300.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (GOLF TOURNAMENT 1ST PLACE) **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **ELOY GONZALEZ** 09/05/2015 Amount (\$) Payee address; City; State; Zip Code \$300.00 **BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (GOLF TOURNAMENT 1ST PLACE) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **ISAAC OLIVAREZ** 09/05/2015 Amount (\$) Payee address; City; State; Zip Code \$200.00 **BROWNSVILLE TX 78520** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (GOLF TOURNAMENT 2ND PLACE) Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1: 43 OF 44	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2015	5 Payee name RITA STANAGE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200.00	BROWNSVILLE TX 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT 2ND PLACE)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/05/2015	ARMANDO GALVAN		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT 2ND PLACE)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/05/2015	JOEY CORTEZ		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT 3RD PLACE)		atside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### SCHEDULE F1

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

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

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

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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	2 FILER NAME ERIC GARZA	<b>3</b> F	Filer ID (Ethics Commission Filers)
Date 09/05/2015	5 Payee name CRIS VALADEZ		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT 3RD PLACE)	Check if Austin TX	f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/05/2015	JC MARQUEZ		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT 3RD PLACE)		Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

#### SCHEDULE G

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

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie  The Instruction Guide explains how t	s/Wages/Contract Labor  o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G: 1 OF 12	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/11/2015	WAL-MART		
6 Amount (\$)	7 Payee address; City; State; Zip Code 2721 BOCA CHICA BLVD		
\$61.69  Reimbursement from political contributions intended	BROWNSVILLE TX 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EVENT EXPENSE	Check if travel outsic	de of Texas. Complete Schedule T.
EXPENDITURE	(GOLF TOURNAMENT)	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		<u> </u>
07/13/2015	BROWNSVILLE USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$98.00	LOS EBANOS		
Reimbursement from political contributions intended	BROWNSVILLE TX 78520		
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EVENT EXPENSE	Check if travel outsid	le of Texas. Complete Schedule T.
EXPENDITURE	(POSTAGE FOR LETTERS)	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
07/13/2015	BROWNSVILLE USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$98.00	LOS EBANOS		
Poimburgoment from	BROWNSVILLE TX 78520		
political contributions intended			
nunnes-	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EVENT EXPENSE	Check if travel outsid	le of Texas. Complete Schedule T.
EXPENDITURE	(POSTAGE FOR LETTERS)	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

#### SCHEDULE G

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

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

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

Contributions/Donations Made Candidate/Officeholder/Politi		ng Expense Travel Out Of District ies/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.
Total pages Schedule G:	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission File
Date	5 Payee name	
07/16/2015	BROWNSVILLE USPS	
Amount (\$)	7 Payee address; City; State; Zip Code	)
\$49.00	LOS EBANOS	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
DUDDOCE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(POSTAGE FOR LETTERS)	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
07/21/2015	BROWNSVILLE USPS	
Amount (\$)	Payee address; City; State; Zip Code	)
\$98.00	LOS EBANOS	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(POSTAGE FOR LETTERS)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
08/15/2015	BEST BUY	
Amount (\$)	Payee address; City; State; Zip Code	3
21.64	2701 PABLO KISEL BLVD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	OFFICE EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED
	,	

#### SCHEDULE G

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

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G: 3 OF 12	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2015	5 Payee name DULCERIA		
6 Amount (\$) \$85.00  X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (NATIONAL NIGHT OUT)	Check if Austin, TX,	of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date 08/15/2015	Payee name ADOLIOS		
Amount (\$) \$116.91  Reimbursement from political contributions intended	Payee address; City; State; Zip Code SUNRISE MALL BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (VOLUNTEER MEETING)		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date 08/18/2015	Payee name SAMS CLUB		
Amount (\$) \$15.98  X Reimbursement from political contributions intended	Payee address; City; State; Zip Code BROWNSVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

#### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Magas (Contract Labor

	contributions/Donations Made Candidate/Officeholder/Politi redit Card Payment	,		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1	Total pages Schedule G: 4 OF 12	2 FILER NAM ERIC GA	E		3 Filer ID (Ethics Commission Filers)
4	Date 08/20/2015	5 Payee name		1 1111111111111111111111111111111111111	
	00/20/2013	EL NUE	SO DE FRAILE		and the second s
	Amount (\$)	7 Payee addre	ess; City; State; Zip C	Code	
	\$19.94	l .	IZABETH STREET		
	Reimbursement from political contributions intended	BROWNS	SVILLE TX 78520		
8		(a) Category (Se	ee Categories listed at the top of this sched	ule) (b) Description	
	PURPOSE OF	BEVERA	GE EXPENSE	Check if travel out	side of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin,	TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/		e / Officeholder name	Office sought	Office held
	Date	Payee name	)		
(	08/29/2015	LOWES			
	Amount (\$)	Payee addre	ess; City; State; Zip C	Code	
;	\$52.13	4705 SO	UTH EXPRESSWAY 83	3	
	Reimbursement from political contributions intended	HARLING	GEN TX 78550		
		Category (Se	ee Categories listed at the top of this sched	lule) (b) Description	
	PURPOSE OF	EVENT I	EXPENSE	Check if travel out	side of Texas. Complete Schedule T.
	EXPENDITURE	(GOLF T	OURNAMENT)	Check if Austin,	TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/		e / Officeholder name	Office sought	Office held
	Date	Payee name			
	09/05/2015	WAL-MA			
	Amount (\$)	Payee addr	ess; City; State; Zip C	Code	
	\$16.24		RUBEN TORRES		
	Reimbursement from political contributions intended	BROWN	SVILLE TX 78520		
		Category (S	ee Categories listed at the top of this sched	dule) (b) Description	
	PURPOSE OF		EXPENSE	Check if travel out	side of Texas. Complete Schedule T.
	EXPENDITURE	(GOLF T	OURNAMENT)	Check if Austin,	TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/		te / Officeholder name	Office sought	Office held
		ATTAC	H ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

#### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Political Comm Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 2 FILL 5 OF 12 ER	ER NAME RIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 5 Pay	vee name		
10/05/2015 DU	ULCERIA		
6 Amount (\$) 7 Pay	vee address; City; State; Zip C	Code	BUTTON NAME
\$14.90 BR	ROWNSVILLE TX 78520		
Reimbursement from political contributions intended			
8 PURPOSE (a) Cate	egory (See Categories listed at the top of this sched	dule) (b) Description	
OF EVE	NT EXPENSE		e of Texas. Complete Schedule T.
EXPENDITURE (CAI	NDIES FOR BOO AT THE ZO	Check if Austin, T	(, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ree name JLCERIA		
	vee address; City; State; Zip C	Code	
\$83.39 BR	ROWNSVILLE TX 78520		
Reimbursement from political contributions intended			
DUDDOCE	egory (See Categories listed at the top of this sched	dule) (b) Description	
OF EVE	NT EXPENSE		e of Texas. Complete Schedule T.
EXPENDITURE (CAI	NDIES FOR BOO AT THE ZO	Check if Austin, TX	s, officeholder living expense
Complete ONLY if direct Cexpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ree name JLCERIA		
Amount (\$) Pay	vee address; City; State; Zip C	Code	
\$55.00 BR	OWNSVILLE TX 78520		
Reimbursement from political contributions intended			
	egory (See Categories listed at the top of this sched	dule) (b) Description	
OF   ==	ENT EXPENSE	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE (CA	ANDIES FOR TOY DRIVE)	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct Cexpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEED	ED

#### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection Messes/Contract Labor

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		g Expense Travel Out Of District of Distri
1 Total pages Schedule G: 6 OF 12	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	•
11/23/2015	BEST BUY	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$74.67	2701 PABLO KISEL BLVD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	DONATION EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(RAFFLE DONATION)	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11/29/2015	WAL-MART	
Amount (\$)	Payee address; City; State; Zip Code	
\$36.12	2721 BOCA CHICA BLVD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
DUDDOGE	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(TOY DRIVE DONATION)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11/30/2015	SAMS CLUB	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.90	BROWNSVILLE TX 78520	
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(HOLIDAY FOOD DRIVE)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE G

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

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

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

Contributions/Donations Made By Candidate/Officeholder/Political Committee		iting Expense aries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule G: 2 FILER 7 OF 12 ERIC	NAME C GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 5 Payee	name		<u> </u>
11/30/2015 SAM	IS CLUB		
6 Amount (\$) 7 Payee	address; City; State; Zip Coc	le	
\$33.03 BRO	WNSVILLE TX 78520		
Reimbursement from political contributions intended			
	ory (See Categories listed at the top of this schedule)	(b) Description	
OF	NT EXPENSE	Check if travel outsid	de of Texas. Complete Schedule T.
EXPENDITURE (HO	LIDAY FOOD DRIVE)	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	ndidate / Officeholder name	Office sought	Office held
Date Payee	name		
12/03/2015 EL U	ILTIMO TACO		
Amount (\$) Payee	address; City; State; Zip Cod	le	
\$56.11 BRO	WNSVILLE TX 78520		
Reimbursement from political contributions intended			
1	ory (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE MEA	L EXPENSE	Check if travel outsid	de of Texas. Complete Schedule T.
	DD FOR VOLUNTEERS)	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct Car expenditure to benefit C/OH	ndidate / Officeholder name	Office sought	Office held
Date Payee	name		
	-MART		
Amount (\$) Payee	address; City; State; Zip Cod	le	
Ψ <b></b>	1 BOCA CHICA BLVD		
Reimbursement from political contributions intended	WNSVILLE TX 78520		
	ory (See Categories listed at the top of this schedule)	(b) Description	
OF	NT EXPENSE	Check if travel outsid	de of Texas. Complete Schedule T.
EXPENDITURE (HOI	LIDAY POST CARDS)	Check if Austin, T.	X, officeholder living expense
Complete <u>ONLY</u> if direct Carexpenditure to benefit C/OH	ndidate / Officeholder name	Office sought	Office held
A	TTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	DED

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

onsulting Expense ontributions/Donations Made	CHI CHILD	g Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
andidate/Officeholder/Politedit Card Payment	The Instruction Guide explains how t		
Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
Date	5 Payee name HEB		
11/19/2015			
Amount (\$) <b>\$45.72</b>	7 Payee address; City; State; Zip Code  BROWNSVILLE TX 78520		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (THANKSGIVING OUTREACH)		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit ONLY if direct expensions and the order of the ONLY if direct expensions are also only if the ONLY if direct expensions are also only if the ONLY if direct expensions are also only if the ONLY if the ONLY is a complete or only if the ONLY is a complete o	t Candidate / Officeholder name	Office sought	Office held
Date 10/12/2015	Payee name  BORDER BROTHERHOOD OF TEX	XAS	
Amount (\$)	Payee address; City; State; Zip Code	9	
\$20.00	BROWNSVILLE TX 78520		
Reimbursement from political contributions intended	i e		
	Category (See Categories listed at the top of this schedule)	(b) Description	e of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	DONATION EXPENSE (RAFFLE TICKETS)		x, officeholder living expense
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name	Office sought	Office held
Date 10/24/2015	Payee name WAL-MART		
Amount (\$) \$80.69  X Reimbursement from political contribution intended	Payee address; City; State; Zip Cod 3500 W ALTON GLOOR BROWNSVILLE TX 78520	е	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  DONATION EXPENSE	Check if travel outside	de of Texas. Complete Schedule T. "X, officeholder living expense
EXPENDITURE		Office sought	Office held

		•	

#### SCHEDULE G

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

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

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		ravel Out Of District es/Wages/Contract Labor Other (enter a category not listed above)  to complete this form.
1 Total pages Schedule G: 9 OF 12	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10/29/2015	THE HOME DEPOT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$32.38	605 W MORRISON ROAD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	(b) Description
OF	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11/01/2015	WAL-MART	
Amount (\$)	Payee address; City; State; Zip Code	
\$33.53	3500 W ALTON GLOOR BLVD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	DONATION EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11/29/2015	BEST BUY	
Amount (\$)	Payee address; City; State; Zip Code	
\$151.54	2701 PABLO KISEL BLVD	
Reimbursement from political contributions intended	BROWNSVILLE TX 78520	
DUDDOCE	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	DONATION EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(GIFT FOR RAFFLE)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Cand	outions/Donations Made idate/Officeholder/Politi ard Payment		ing Expense ries/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)
	l pages Schedule G: <b>OF 12</b>	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date	e	5 Payee name		
12/	16/2015	WAL-MART		
6 Am	ount (\$)	7 Payee address; City; State; Zip Code	9	
\$16	5.40	2721 BOCA CHICA BLVD		
X	Reimbursement from political contributions intended	BROWNSVILLE TX 78520		
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description	
P	PURPOSE OF	ADVERTISING EXPENSE	Check if travel outsic	de of Texas. Complete Schedule T.
EXF	PENDITURE	(HOLIDAY CARDS)	Check if Austin, T	X, officeholder living expense
-	nplete <u>ONLY</u> if direct enditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	e 03/2015	Payee name BASS PRO SHOP		-
	03/2013			#1 MARKET
Am	ount (\$)	Payee address; City; State; Zip Code	9	
\$2	3.80	101 BASS PRO DRIVE		
_	Reimbursement from political contributions intended	HARLINGEN TX 78550		
_		Category (See Categories listed at the top of this schedule)	(b) Description	
P	PURPOSE OF	EVENT EXPENSE	Check if travel outside	de of Texas. Complete Schedule T.
EXI	PENDITURE		Check if Austin, T	X, officeholder living expense
Com expe	nplete <u>ONLY</u> if direct enditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Dat	e	Payee name		
	03/2015	DOLLAR GENERAL STORE		
Am	ount (\$)	Payee address; City; State; Zip Code	е	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$4.	.87	1304 CENTRAL BLVD		
	Reimbursement from political contributions intended	BROWNSVILLE TX 78520		
		Category (See Categories listed at the top of this schedule)	(b) Description	
P	PURPOSE OF	EVENT EXPENSE	Check if travel outside	de of Texas. Complete Schedule T.
EXI	PENDITURE		Check if Austin, T	X, officeholder living expense
	nplete <u>ONLY</u> if direct enditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	DED

#### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/	1/Beverage Expense Awards/Memorials Expense al Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District  Travel Out Of District  Other (enter a category not listed above)		
Credit Card Payment		e Instruction Guide expla	ns how to complete this form.			
Total pages Schedule G:	2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)		
Date	5 Payee name					
11/03/2015	HOBBY LO	ВВҮ				
Amount (\$)	7 Payee address	; City; State; Z	ip Code			
\$2.26	2209 W LINCOLN					
Reimbursement from political contributions intended	HARLING	EN TX 78550				
	(a) Category (See C	ategories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	ADVERTIS	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/	Candidate /	Officeholder name	Office sought	Office held		
Date	Payee name					
11/03/2015	HOBBY LO	BBY				
Amount (\$) \$2.26  X Reimbursement from political contributions intended	Payee address 2209 W LII HARLINGE	· ·	(ip Code			
	Category (See C	ategories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	ADVERTIS	SING EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/		Officeholder name	Office sought	Office held		
Data	Davis name					
Date 11/04/2015	Payee name  ANTIQUE	S & ARTISAN EM	PORIUM			
Amount (\$)	Payee address		ip Code			
<b>\$7.39</b>	123 E JACKSON ST					
Reimbursement from political contributions intended	HARLINGI	EN TX 78550				
D. I.D. C. C.	Category (See C	ategories listed at the top of this	chedule) (b) Description			
PURPOSE OF	ADVERTIS	ING EXPENSE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
EXPENDITURE			Check if Aus			
Complete ONLY if direct expenditure to benefit Co		Officeholder name	Office sought	Office held		
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

			· com manifoldate con
			The second secon
			Construction of the constr
			care y december flows, per ja 11.1

## SCHEDULE G

POLITICAL EXPE	NDITURE SINDS		
POLITICAL PE	RSONALIO		
MADE FROM .	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
	EXPENDITURE CATEG	Loan Repayment/Reimbursement	Transportation
		Overneau,	Transportation Travel In District Travel Out Of District Other (enter a category not listed above)
	Event Expense		Other (enter a category riotal
Advertising Expense	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Printing Expense Printing Expense Salaries/Wages/Contract Labor Salaries/Wages/Contract Labor	
ACCOUNTING	Gift/Awards.	Salaries/Wayes on salaries/Way	3 Filer ID (Ethics Commission Filers)
Accounting Expense Consulting Expense Contributions/Donations Made By Contributions/Officeholder/Political Commit Candidate/Officeholder/Political Commit	tee Legar Instruction Guide explain	15 11011	3 Filer ID (Lime
Candidate/Officendidam Credit Card Payment	The man		
	ER NAME		
1 Total pages Schedule G: 2 FILE	RIC GARZA		
		_	
5 Pay	yee name	C	
4 Date D	OLLAR TREE STORES INC OLIVERSIS City; State;	Zip Code	
44/03/2015	City, City		Ţ
7 Pa	ayee address: 109 W LINCOLN AVE		
6 Amount (\$) 2	109 W LINCOLITY MARLINGEN TX 78552		
\$3.25	IARLING	(b) Description	and Schedule T.
Reimbursement from political contributions	Category (See Categories listed at the top of t	his schedule) (b) Description	ivel outside of Texas. Complete Schedule T.
political continuintended (a)	Setogory (See Categories listed at the top or	Cheek if	TX OINCOID
1	EVENT EXPENSE	Check	Office held
8 PURPOSE	EVENT EXTEN	Office sought	
OF EXPENDITURE	- bolder name	3	
EXPENDIT	Candidate / Officeholder name		
9 Complete ONLY if direct			
9 Complete ONLY if direct expenditure to benefit C/OH			
	Payee name		
Date		Ti- Code	
12/06/2015	CitV: St	ate; Zip Code	
	Payee address,	R BLVD	
Amount (\$)	3500 W ALTON GEODE BROWNSVILLE TX 785	520	
\$25.47	BROWNSVILLE		etion
-mont from		this schedule) (b) Descri	ption  eck if travel outside of Texas. Complete Schedule T.  eck if travel outside of Texas. Living expense
Reimbursements political contributions intended	Category (See Categories listed at the	top of this ser	the TX Dilicons
interided	Category (See Category) EVENT EXPENSE	CF	Office held
PURPOSE	EVENT	Office St	ought
		Office s	
EXPENDITURE	Candidate / Officeholder n	ame	
Complete ONLY if dire	ect COH		
Complete ONLY if dire	C/OTT		
	Payee name		
Date	City	y; State; Zip Code	
	Payee address;	<b>y</b> , -	
Amount (\$)	1 43,5		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
ont	from	(b) D	Description  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
Reimbursement political contribu	utions	d at the top of this schedule)	Check if travel outside of Texas. Owner
intended	category (See Categories liste		Check if travel outside of lexas: Company  Check if Austin, TX, officeholder living expense  Office held
		· ·	
PURPOSE		Off	iice sought
EXPENDITURE	Candidate / Officehol	der name	
	if direct Candidate / Omcorre		
Complete ONLY expenditure to b	enefit C/OH		
expenditure to 2			JEDULE AS NEEDED

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED