

**Eric
Garza**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME **ERIC GARZA** **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,440.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2,463.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,252.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,875.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

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

Signature of Candidate or Officeholder
ERIC GARZA

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **ERIC GARZA**, this the **17TH** day of **JANUARY**, 20 **17**, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME ERIC GARZA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,440.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,100.84
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,688.51
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/18/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
LARRY MARK POLSKY

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
**5508 PADRE BLVD
SOUTH PADRE ISLAND TX 78597**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
HODGE AND JAMES

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
**P O BOX 534329
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
09/09/2016

Full name of contributor out-of-state PAC (ID#: _____)
BALTAZAR SALAZAR

Amount of contribution (\$)
\$740.00

Contributor address; City; State; Zip Code
**8814 BRAE ACRES
HOUSTON TX 77074**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/28/2016

Full name of contributor out-of-state PAC (ID#: _____)
GUS RUIZ

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**1106 E TYLER
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/29/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
R. BRUCE THARPE

7 Amount of contribution (\$)
\$150.00

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

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/25/2016

Full name of contributor out-of-state PAC (ID#: _____)
QUITO PENA

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**P O BOX 5539
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

Date
08/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
JUAN MANUEL MARTINEZ

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
**554 E JACKSON
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

Date
08/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
MIKE TREJO

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
**P O BOX 1149
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
JUSTICE OF THE PEACE

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 OF 21

2 FILER NAME

ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/29/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
JOHN SHERGOLD

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
**1534 E 6TH ST
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/17/2016

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT DAVIS JR

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
**2910 E GRIMES
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/27/2016

Full name of contributor out-of-state PAC (ID#: _____)
JONATHAN GRACIA

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
ERNESTO GAMEZ

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/26/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
JOE G. RIVERA

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
**P O BOX 5868
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)

Date
08/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
MARIA E. SOLIS

Amount of contribution (\$)
\$250.00

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

Principal occupation / Job title (See Instructions)
OFFICE MANAGER

Employer (See Instructions)

Date
08/25/2016

Full name of contributor out-of-state PAC (ID#: _____)
ARMANDO BALDERRAMA

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**P O BOX 31023
AMARILLO TX 79120**

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

Date
08/29/2016

Full name of contributor out-of-state PAC (ID#: _____)
JAVIER VILLARREAL

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**2401 WILDFLOWER DRIVE
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/23/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
EDMUND K. CYGANIEWICZ

7 Amount of contribution (\$)
\$100.00

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

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/25/2016

Full name of contributor out-of-state PAC (ID#: _____)
KORINA BARRAZA

Amount of contribution (\$)
\$240.00

Contributor address; City; State; Zip Code
**5205 SUGAR MILL ROAD
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/25/2016

Full name of contributor out-of-state PAC (ID#: _____)
LAWRENCE RABB

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1650 PAREDES LINE ROAD
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/19/2016

Full name of contributor out-of-state PAC (ID#: _____)
SHEILA GARCIA BENEC

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1018 E TYLER AVE
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/04/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
EDDIE LUCIO III

7 Amount of contribution (\$)
\$250.00

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

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
07/29/2016

Full name of contributor out-of-state PAC (ID#: _____)
LARRY WARNER

Amount of contribution (\$)
\$240.00

Contributor address; City; State; Zip Code
**3109 BANYON DRIVE
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
HELEN DELGADILLO

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
**1104 E 7TH ST
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
JOHN BLAYLOCK

Amount of contribution (\$)
\$240.00

Contributor address; City; State; Zip Code
**422 E HARRISON AVENUE
HARLINEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/11/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
MARINO VILANO

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
**8617 VERBENA
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
BUSINESS OWNER

9 Employer (See Instructions)

Date
08/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
DR. NOLAN PEREZ

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**512 VICTORIA LANE
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
PHYSICIAN

Employer (See Instructions)

Date
08/23/2016

Full name of contributor out-of-state PAC (ID#: _____)
GABINO VASQUEZ

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1954 E 14TH ST
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
PRECINCT FOREMAN

Employer (See Instructions)

Date
08/16/2016

Full name of contributor out-of-state PAC (ID#: _____)
ANALISA FIGUEROA

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
**103 E PRICE ROAD
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/18/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM J. IRWIN

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
**2200 BOCA CHICA BLVD
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
ELIZABETH V. GARZA

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**2835 BOARDWALK COURT
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
LEONARDO RINCONES

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
ALEJANDRO DOMINGUEZ

Amount of contribution (\$)
\$340.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/18/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
CARY M. TOLAND

7 Amount of contribution (\$)
\$250.00

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

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
MARLENE DOUGHERTY

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**200 MARVIS DRIVE
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/23/2016

Full name of contributor out-of-state PAC (ID#: _____)
STEVE EFTHIMIOU

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
**302 KINGS HWY
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/23/2016

Full name of contributor out-of-state PAC (ID#: _____)
TIMOTHY ANDREW LOPES

Amount of contribution (\$)
\$100.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/16/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
MARK CLIVE

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
**1951 W MONROE
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
BUSINESS OWNER

9 Employer (See Instructions)

Date
08/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
IGNACIO MARTINEZ

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1002 E TAYLOR ST
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/19/2016

Full name of contributor out-of-state PAC (ID#: _____)
JEFFREY M. STERN

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

Contributor address; City; State; Zip Code
**4909 BISSONNET
BELLAIRE TX 77401**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/23/2016

Full name of contributor out-of-state PAC (ID#: _____)
ANTHONY TROIANI

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
**611 E WASHINGTON
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 OF 21

2 FILER NAME

ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/23/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
RICHARD ZAYAS

7 Amount of contribution (\$)
\$500.00

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

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
DR. KALIM HABET

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
PHYSICIAN

Employer (See Instructions)

Date
08/19/2016

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT GARZA

Amount of contribution (\$)
\$340.00

Contributor address; City; State; Zip Code
**1200 E HARRISON ST
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/15/2016

Full name of contributor out-of-state PAC (ID#: _____)
ALICIA HERNANDEZ

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**905 WEST PRICE ROAD
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
OFFICE MANAGER

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/23/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
DR. BALESH SHARMA

7 Amount of contribution (\$)
\$500.00

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

8 Principal occupation / Job title (See Instructions)
PHYSICIAN

9 Employer (See Instructions)

Date
08/15/2016

Full name of contributor out-of-state PAC (ID#: _____)
DR. LORENZO PELLY

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**P O BOX 3190
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
PHYSICIAN

Employer (See Instructions)

Date
08/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
ROYSTON RAYZOR VICKERY AND WILLIAMS

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**55 COVE CIRCLE
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEYS

Employer (See Instructions)

Date
06/23/2016

Full name of contributor out-of-state PAC (ID#: _____)
GLORIA M. RINCONES

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1040 SOUTH FRONTAGE ROAD
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 OF 21

2 FILER NAME

ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

08/19/2016

5 Full name of contributor

WILLIAM HAMER

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

**4200 BICENTENNIAL DRIVE
MCALLEN TX 78504**

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Date

08/03/2013

Full name of contributor

JAIME DIEZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

**P O BOX 1045
WESLACO TX 78596**

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

07/06/2016

Full name of contributor

DENTON NAVARO ROCHA BERNAL HYDE ZECH

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

**701 E HARRISON
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

07/05/2016

Full name of contributor

ROLLINS M. KOPPEL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

**P O BOX 271
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
07/27/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
PAUL HEMPHILL

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
**815 RIDGEWOOD
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
07/25/2016

Full name of contributor out-of-state PAC (ID#: _____)
ALEJANDRO R. PEREZ

Amount of contribution (\$)
\$100.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/28/2016

Full name of contributor out-of-state PAC (ID#: _____)
REYNALDO G. GARZA III

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/29/2016

Full name of contributor out-of-state PAC (ID#: _____)
EVERARDO GARCIA

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
**1440 E 7TH ST
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
07/29/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
JOSEPH GRAHAM

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
**134 CALLE HERMOSO
BAYVIEW TX 78586**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
07/29/2016

Full name of contributor out-of-state PAC (ID#: _____)
BEN NEECE

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1000 E VAN BUREN
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
GUILLERMO VEGA

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**302 KINGS HWY
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/03/2016

Full name of contributor out-of-state PAC (ID#: _____)
ANGELA NIX

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**81 CORTEZ AVE
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/02/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
FRANK COSTILLA

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
**5 E ELIZABETH ST
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/04/2016

Full name of contributor out-of-state PAC (ID#: _____)
DAVID SQUARE

Amount of contribution (\$)
\$600.00

Contributor address; City; State; Zip Code
**811 E MADISON
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/09/2016

Full name of contributor out-of-state PAC (ID#: _____)
NEMECIO LOPEZ

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**1314 E HARRISON
HARLINGEN TX 78550**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/09/2016

Full name of contributor out-of-state PAC (ID#: _____)
OTIS POWERS

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**P O BOX 4677
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/04/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
ATLAS AND HALL

7 Amount of contribution (\$)
\$500.00

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

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
06/27/2016

Full name of contributor out-of-state PAC (ID#: _____)
MARION LAWLER

Amount of contribution (\$)

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

\$500.00

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/12/2016

Full name of contributor out-of-state PAC (ID#: _____)
REY ESQUIVEL

Amount of contribution (\$)

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

\$500.00

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

Date
06/29/2016

Full name of contributor out-of-state PAC (ID#: _____)
LINEBARGER GOGGAN BLAIR AND SAMPSON

Amount of contribution (\$)

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

\$500.00

Principal occupation / Job title (See Instructions)
ATTORNEYS

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
07/28/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
JORGE GREEN

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
**34 S CORIA
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/04/2016

Full name of contributor out-of-state PAC (ID#: _____)
JESUS CANALES

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/26/2016

Full name of contributor out-of-state PAC (ID#: _____)
FABIAN LIMAS

Amount of contribution (\$)
\$200.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
08/01/2016

Full name of contributor out-of-state PAC (ID#: _____)
LOUIS S. SOROLA

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
08/10/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
RAMONA ALCANTARA

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
**4113 PADRE BLVD
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
07/27/2016

Full name of contributor out-of-state PAC (ID#: _____)
BRIAN G. JANIS

Amount of contribution (\$)
\$100.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/27/2016

Full name of contributor out-of-state PAC (ID#: _____)
CHESTER R. GONZALEZ

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**117 E PRICE ROAD
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/29/2016

Full name of contributor out-of-state PAC (ID#: _____)
ANABELL ALEGRIA

Amount of contribution (\$)
\$500.00

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

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20 OF 21

2 FILER NAME
ERIC GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
07/27/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
ROMAN DEAN ESPARZA

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
**964 E LOS EBANOS
BROWNSVILLE TX 78520**

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)

Date
08/02/2016

Full name of contributor out-of-state PAC (ID#: _____)
GARCIA OCHOA MASK

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**820 SOUTH MAIN
MCALLEN TX 78501**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
07/28/2016

Full name of contributor out-of-state PAC (ID#: _____)
MARY AGADO

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
**P O BOX 3235
HARLINEN TX 78550**

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

Date
08/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
ERIN H. GARCIA

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
**905 E LOS EBANOS
BROWNSVILLE TX 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 OF 21
2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 08/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATHERINE DROLET 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) SALES ASSOCIATE		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2016	5 Payee name IBC BANK	
6 Amount (\$) \$23.40	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 07/06/2016	Payee name CORNER STORE	
Amount (\$) \$19.72	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 07/25/2016	Payee name TWC	
Amount (\$) \$81.59	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2016	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$195.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GOLF TOURNAMENT MAILING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/20/2016	Payee name T-MOBILE	
Amount (\$) \$176.59	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) COMMUNICATIONS EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/15/2016	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$216.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GOLF TOURNAMENT MAILING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 07/13/2016	5 Payee name FRANCISCO CISNEROS	
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code SAN BENITO, TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE EASTER EGG SHELLS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
Office held		
Date 07/07/2016	Payee name WAL-MART SAMS CLUB	
Amount (\$) \$19.42	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GOLF TOURNAMENT EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
Office held		
Date 08/01/2016	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$47.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GOLF TOURNAMENT MAILING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 08/03/2016	5 Payee name WAL-MART
------------------------------------	--

6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/31/2016	Payee name IBC BANK
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Amount (\$) \$42.20	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/30/2016	Payee name BROWNSVILLE GOLF CENTER
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Amount (\$) \$1,169.10	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GOLF TOURNAMENT EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 08/27/2016	5 Payee name RAMBALDO RIVERA
------------------------------------	---

6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/09/2016	Payee name FIRST FAMILY NETWORK
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Amount (\$) \$40.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/01/2016	Payee name CITY OF PRIMERA
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Amount (\$) \$60.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2016	5 Payee name YOLANDA VIDAL	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/26/2016	Payee name DIEGO HERNANDEZ	
Amount (\$) \$80.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/02/2016	Payee name CAMERON COUNTY BAR ASSOCIATION	
Amount (\$) \$200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 09/09/2016	5 Payee name CAMERON COUNTY DEMOCRATIC WOMEN
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/12/2016	Payee name JUAN LUIS GONZALEZ
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Amount (\$) \$24.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/14/2016	Payee name JESSICA RAMIREZ
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Amount (\$) \$180.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE EASTER EGG SHELLS (REIMBURSEMENT)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2016	5 Payee name JUAN JAVIER RAMOS	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/19/2016	Payee name ARMANDO PEREZ	
Amount (\$) \$90.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE EASTER EGG SHELLS (REIMBURSEMENT)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/27/2016	Payee name LITTLE CEASERS PIZZA	
Amount (\$) \$38.26	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE (FOOD FOR VOLUNTEERS)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 09/29/2016	5 Payee name FAMILY CRISIS CENTER
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6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/2016	Payee name JOSE DANIEL GARZA
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Amount (\$) \$150.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (WOOD BENCHES)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/2016	Payee name LEO AGUILAR FOUNDATION
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Amount (\$) \$110.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE (RACE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 10/12/2016	5 Payee name ADVOCACY FOR NINOS
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/2016	Payee name BERLINDA EURESTI
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Amount (\$) \$30.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/19/2016	Payee name GUADALUPE PINEDA
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Amount (\$) \$150.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE EASTER EGGS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/10/2016	5 Payee name GOOD NEIGHBOR SETTLEMENT HOUSE
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/27/2016	Payee name JESSE GALVAN
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Amount (\$) \$300.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (3RD PLACE - GOLF TOURNAMENT TEAM)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/01/2016	Payee name HEB
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Amount (\$) \$40.28	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12/02/2016	5 Payee name ADOLIOS
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6 Amount (\$) \$94.42	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/07/2016	Payee name RGV MEDIA GROUP
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Amount (\$) \$100.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/07/2016	Payee name IBC BANK
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Amount (\$) \$15.76	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/02/2016	5 Payee name RGV MEDIA GROUP
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/03/2016	Payee name UNITED WAY OF SOUTHERN CAMERON COUNTY
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Amount (\$) \$105.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/2016	Payee name ADOLIOS
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Amount (\$) \$61.92	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2016	5 Payee name IBC BANK	
6 Amount (\$) \$16.90	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/21/2016	Payee name SAMS CLUB	
Amount (\$) \$200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE SUPPLIES EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/21/2016	Payee name WAL-MART	
Amount (\$) 156.94	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 08/27/2016	5 Payee name JOSEPH PEREZ
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (2ND PLACE - GOLF TOURNAMENT TEAM)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/2016	Payee name RGV MEDIA GROUP
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Amount (\$) \$100.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/2016	Payee name SAMS CLUB
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Amount (\$) \$200.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (THANKSGIVING DRIVE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 10/27/2016	5 Payee name FISO SEA FOOD
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6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/30/2016	Payee name IBC BANK
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Amount (\$) \$18.45	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/20/2016	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) \$82.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MAILING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 09/01/2016	5 Payee name SAMS CLUB
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6 Amount (\$) \$215.61	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HALLOWEEN)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/17/2016	Payee name SAMS CLUB
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Amount (\$) \$155.09	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/15/2016	Payee name HEB
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Amount (\$) \$142.75	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12/14/2016	5 Payee name CAMERON COUNTY
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (COUNTY CHRISTMAS PARTY)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/27/2016	Payee name RAY CISNEROS
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Amount (\$) \$900.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (1ST PLACE GOLF TOURNAMENT TEAM)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/2016	Payee name ADOLIOS
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Amount (\$) \$344.06	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (MARTINIS AND MANICURES)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2016	5 Payee name JUAN CISNEROS	
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) EVENT EXPENSE (EASTER EGG SHELLS)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/07/2016	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$47.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MAILING EXPENSE (POSTAGE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/2016	Payee name JOSE LUIS CARRIZALES	
Amount (\$) \$50.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 10/17/2016	5 Payee name JUAN CISNEROS				
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EASTER EGG SHELLS)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2016	5 Payee name WAL-MART	
6 Amount (\$) \$156.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/2016	Payee name STRIPES	
Amount (\$) \$17.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (WATER FOR RACE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/2016	Payee name VISA CARD	
Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 G: 2 OF 17		2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)	
4 Date 12/18/2016		5 Payee name CARINOS			
6 Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/2016		Payee name STRIPES			
Amount (\$) \$8.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE (WATER FOR RACE)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/24/2016		Payee name CRACKER BARREL			
Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/24/2016	5 Payee name BARNES AND NOBLE	
6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/23/2016	Payee name WAL-MART	
Amount (\$) \$45.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/19/2016	Payee name MICHAELS	
Amount (\$) \$18.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/24/2016	5 Payee name HOBBY LOBBY	
6 Amount (\$) \$37.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/20/2016	Payee name APPLEBEES	
Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/21/2016	Payee name CHILLIS	
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2016	5 Payee name WAL-MART	
6 Amount (\$) \$65.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/31/2016	Payee name DULCERIA	
Amount (\$) \$69.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HALLOWEEN CANDY)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/11/2016	Payee name HEB	
Amount (\$) \$46.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2016	5 Payee name WAL-MART	
6 Amount (\$) \$127.39	7 Payee address; City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TURKEY DINNER DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/04/2016	Payee name PARTY CITY	
Amount (\$) \$36.06	Payee address; City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EMPLOYEE HOLIDAY PARTY)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/04/2016	Payee name BUFFALO WILD WINGS	
Amount (\$) \$25.00	Payee address; City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2016	5 Payee name FAMILY DOLLAR	
6 Amount (\$) \$16.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HOLIDAY TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/09/2016	Payee name FAMILY DOLLAR	
Amount (\$) \$30.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HOLIDAY TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/14/2016	Payee name WAL-MART	
Amount (\$) \$21.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HOLIDAY TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2016	5 Payee name WAL-MART	
6 Amount (\$) \$22.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TURKEY DINNER DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/15/2016	Payee name SAMS CLUB	
Amount (\$) \$33.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (WATER FOR RACE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/01/2016	Payee name ADOLIOS	
Amount (\$) \$131.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANNED FOOD DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2016	5 Payee name LA MICHOCANA	
6 Amount (\$) \$43.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TURKEY DINNER DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/07/2016	Payee name WAL-MART	
Amount (\$) \$50.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CHRISTMAS TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/15/2016	Payee name WAL-MART	
Amount (\$) \$52.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CHRISTMAS TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 10 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2016	5 Payee name CVS	
6 Amount (\$) \$54.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/08/2016	Payee name SAMS CLUB	
Amount (\$) \$26.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (WATER FOR RACE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/2016	Payee name WAL-MART	
Amount (\$) \$28.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CHRISTMAS TOY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2016	5 Payee name CVS	
6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/16/2017	Payee name FISO SEAFOOD	
Amount (\$) \$27.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION EXPENSE (GIFT CARD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 07/08/2016	Payee name TEXAS ROADHOUSE	
Amount (\$) \$37.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE (FUNDRAISER MEETING)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 12 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 07/08/2016	5 Payee name FAMILY DOLLAR	
6 Amount (\$) \$4.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EMPLOYEE OFFICE PARTY)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/26/2016	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$34.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MAILING EXPENSE (POSTAGE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/21/2016	Payee name COBBLEHEADS	
Amount (\$) \$25.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE (FUNDRAISER MEETING)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 13 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 07/08/2016	5 Payee name HEB	
6 Amount (\$) \$39.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EMPLOYEE OFFICE PARTY)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 08/16/2016	Payee name POLLO LOCO	
Amount (\$) \$32.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE (LUNCH FOR VOLUNTEERS)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 07/27/2016	Payee name UNITES STATES POST OFFICE	
Amount (\$) \$47.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (POSTAGE FOR EVENT)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 14 OF 17		2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)	
4 Date 08/03/2016		5 Payee name MICHAELS			
6 Amount (\$) \$36.71		7 Payee address; City; State; Zip Code			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) DONATION EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/04/2016		Payee name SAMS			
Amount (\$) \$155.09		Payee address; City; State; Zip Code			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION EXPENSE (BEVERAGES FOR RACES)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/25/2016		Payee name SAMS			
Amount (\$) \$215.61		Payee address; City; State; Zip Code			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2016	5 Payee name WING BARN	
6 Amount (\$) \$36.34	7 Payee address; City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE (VOLUNTEER LUNCH)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/18/2016	Payee name DOUBLE DAY	
Amount (\$) \$48.97	Payee address; City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TOURNAMENT VOLUNTEER LUNCH)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/26/2016	Payee name FABRIZZIOS	
Amount (\$) \$75.66	Payee address; City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (TOURNAMNET VOLUNTEER LUNCH)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 16 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2016	5 Payee name STRIPES	
6 Amount (\$) \$14.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (WATER FOR RACE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/24/2016	Payee name DULCERIA	
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HALLOWEEN CANDY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/04/2016	Payee name DULCERIA	
Amount (\$) \$72.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (HALLOWEEN CANDY DRIVE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 17 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/06/2016	5 Payee name SAMS CLUB	
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP FEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/06/2016	Payee name SAMS CLUB	
Amount (\$) \$178.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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