# Eric Garza

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 61
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST  MR. ERIC  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received CAMERON COUNTY
	GARZA	SULLY	DEPARTMENT OF ELECTIONS VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C P O BOX 4173 BROWNSVILLE TX 78520	OTY; STATE; ZIP CODE	JAN 17 2017  RECEIVED  A A A
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 956 ) 551-0155	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	MR. R. BRUCE	SUFFIX	Date Processed
	THARPE	551111	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 801 E VAN BUREN ST BROWNSVILLE TX 78520	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 551-0155	EXTENSION	
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign     treasurer appointment     (Officeholder Only)  Final Report (Attach C/OH - FR)
	Sin ally bound disc		
10 PERIOD COVERED	Month Day Year  07 / 01 / 2016	Month THROUGH	Day Year  31 / 2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	DISTRICT CLERK OF CAMERON COUNTY		
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ERIC GARZA	<b>15</b> F	iler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOUNTES.	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
			•
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	FLEDGI	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS TEMIZED	T
	2. TOTAL	POLITICAL CONTRIBUTIONS	
	1	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,440.00
<u></u> .		-	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 2,463.30
TOTALS	UNLESS	SITEMIZED	φ 2,403,30
		**************************************	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14,252.65
CONTRIBUTION			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 13,875.86
D/ L/ II TO L	OF REP	ORTING PERIOD	φ 10,070.00
OUTSTANDING	6. TOTAL F	DEINCIPAL AMOUNT OF ALL OUTOTANDING LOANS AS OF THE	
LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury	that the accompanying report is
200		true and correct and includes all informat	
3	ANGELIC	A MARIA CASTILLO under Title 15, Election Code.	ion rodulou to be reported by me
	My No	tary ID # 6555612	
1	Expi	res May 4, 2019	
<u> </u>	"Minor		
		Signature of Candidate	e or officeholder
		ERIC GA	RZA
AFFIX NOTARY STAM	P/SEALABOVE	The American	
			_
Sworn to and subsci	ribed before me, k	by the saidERIC GARZA	, this the <b>17TH</b>
day of JANUARY	<b>Y</b> , 20 <u>17</u> ,	to certify which, witness my hand and seal of office.	
1 AR	( ) . n.n	^	
Unathor	Lyllo	Angelica M. Castillo 1	Dotary Public
Signature of officer a	dministering 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 20 Filer ID (Ethics,Con	nmission Filers)
	ERIC GARZA	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,440.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,100.84
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,688.51
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 OF 21
2 FILER NAME ERIC G				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/18/2016	LARRY MARK POLSK	Y		\$250.00
	6 Contributor address; 5508 PADRE BLVD SOUTH PADRE ISLAN	City; State <b>D TX 78597</b>	; Zip Code	
8 Principal occu ATTORNE	pation / Job title (See Instructions)	au r	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/26/2016	HODGE AND JAMES			\$200.00
	P O BOX 534329 HARLINGEN TX 78550	City; State	; Zip Code	Ψ200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/09/2016	9/09/2016 BALTAZAR SALAZAR		#740.00	
	Contributor address; 8814 BRAE ACRES HOUSTON TX 77074	City; State	Zip Code	\$740.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date <b>08/28/2016</b>	Full name of contributor GUS RUIZ	out-of-state PAC	(ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; 1106 E TYLER HARLINGEN TX 78550	City; State	; Zip Code	<b>\$500.00</b>
Principal occup	vation / Job title (See Instructions)  Y		Employer (See Instruct	ions)
		1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

ERIC GARZA  Date   5 Full name of contributor   out-of-state PAC (ID#:	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 2 OF 21
Salar   Sala					3 Filer ID (Ethics Commission Filers)
City; State; Zip Code   State   Stat	Date 08/29/2016		out-of-state PA	C (ID#:)	
Date Pull name of contributor		801 E VAN BUREN	2.	a; Zip Code	• • • • • • • • • • • • • • • • • • • •
Date Full name of contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  BUSINESS OWNER  Date Full name of contributor out-of-state PAC (ID#:	-			9 Employer (See Instruc	otions)
Contributor address; P O BOX 5539 BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  BUSINESS OWNER  Date Full name of contributor out-of-state PAC (ID#: \$250.00  Contributor address; City; State; Zip Code 554 E JACKSON BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  BUSINESS OWNER  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  BUSINESS OWNER  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  BUSINESS OWNER			out-of-state PA	C (iD#:)	
BUSINESS OWNER  Date    Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$)   8/26/2016		P O BOX 5539		e; Zip Code	<b>\$100.00</b>
8/26/2016    Summanuel Martinez   Summanuel Martine		,		Employer (See Instruc	tions)
Contributor address; City; State; Zip Code  554 E JACKSON BROWNSVILLE TX 78520  Principal occupation / Job title (See Instructions)  BUSINESS OWNER  Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  88/26/2016 MIKE TREJO  \$250.00		:	_	C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  08/26/2016 MIKE TREJO \$200.00		Contributor address; 554 E JACKSON	City; State	e; Zip Code	\$250.00
8/26/2016 MIKE TREJO \$200.00				Employer (See Instruc	etions)
		MIKE TREJO			Amount of contribution (\$) \$200.00
P O BOX 1149 HARLINGEN TX 78550		P O BOX 1149	,		
Principal occupation / Job title (See Instructions)  JUSTICE OF THE PEACE  Employer (See Instructions)		· · · · · · · · · · · · · · · · · · ·		Employer (See Instruc	itions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 OF 21
2 FILER NAME ERIC GAR	ZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2016	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1534 E 6TH ST BROWNSVILLE TX 78520	
8 Principal occu		(See Instructions)
Date <b>08/17/2016</b>	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2910 E GRIMES HARLINGEN TX 78550	
Principal occup		(See Instructions)
Date <b>08/27/2016</b>	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code	
Principal occup		(See Instructions)
Date 08/26/2016	Full name of contributor	
	Contributor address; City; State; Zip Code 777 E HARRISON BROWNSVILLE TX 78520	\$500.00
Principal occuj		(See Instructions)
		· · · · · · · · · · · · · · · · · · ·

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#### SCHEDULE A1

	1.00	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 OF 21
2 FILER NAME ERIC GAR	ZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
08/26/2016	JOE G. RIVERA	\$50.00
	6 Contributor address; City; State; Zip Cod P O BOX 5868 BROWNSVILLE TX 78520	
8 Principal occu RETIRED	pation / Job title (See Instructions)  9 Employ	ver (See Instructions)
Date <b>08/24/2016</b>	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Cod 1835 DON QUIXOTE BROWNSVILLE TX 78520	**************************************
Principal occup		ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/25/2016	ARMANDO BALDERRAMA	
	Contributor address; City; State; Zip Code P O BOX 31023 AMARILLO TX 79120	
Principal occup BUSINESS		rer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
08/29/2016	JAVIER VILLARREAL	\$500.00
	Contributor address; City; State; Zip Code 2401 WILDFLOWER DRIVE BROWNSVILLE TX 78520	• • • • • • • • • • • • • • • • • • •
Principal occup		rer (See Instructions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 OF 21
PILER NAME	ZA	3 Filer ID (Ethics Commission Filers)
Date 08/23/2016	5 Full name of contributor out-of-state PAC (ID#:)  EDMUND K. CYGANIEWICZ  6 Contributor address; City; State; Zip Code  1000 E MADISON ST  BROWNSVILLE TX 78520	7 Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	xtions)
Date 08/25/2016	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date <b>)8/25/2016</b>	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 07/19/2016	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)

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### SCHEDULE A1

	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1: 6 OF 21
FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
Date 08/04/2016	5 Full name of contributor out-of-state PAC  EDDIE LUCIO III  6 Contributor address; City; State  P O BOX 2106  SAN BENITO TX 78586	C (ID#:)	7 Amount of contribution (\$) \$250.00
Principal occup ATTORNE	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date <b>07/29/2016</b>	LARRY WARNER	C (ID#:); Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date <b>D8/24/2016</b>	Full name of contributor out-of-state PAC HELEN DELGADILLO  Contributor address; City; State; 1104 E 7TH ST BROWNSVILLE TX 78520	c (ID#:)	Amount of contribution (\$) \$250.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
1	JOHN BLAYLOCK	c (ID#:)	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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

#### SCHEDULE A1

A1:
nission Filers)
on (\$)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 8 OF 21
FILER NAME ERIC GAI	RZA		3 Filer ID (Ethics Commission Filers
Date 08/18/2016	5 Full name of contributor		7 Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date <b>8/18/2016</b>	Full name of contributor	D#:) Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date 08/18/2016	Full name of contributor out-of-state PAC (ILLEONARDO RINCONES  Contributor address; City; State; 854 E VAN BUREN BROWNSVILLE TX 78520	D#:) Zip Code	Amount of contribution (\$) \$500.00
Principal occup ATTORNE	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date <b>08/18/2016</b>	Full name of contributor out-of-state PAC (IE ALEJANDRO DOMINGUEZ  Contributor address; City; State; 855 E HARRISON BROWNSVILLE TX 78520	D#:)	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruction	ns)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9 OF 21
FILER NAME	ZA	3 Filer ID (Ethics Commission Filers)
Date 08/18/2016	5 Full name of contributor  ut-of-state PAC (ID#:)  CARY M. TOLAND  6 Contributor address; City; State; Zip Code  855 E HARRISON ST  BROWNSVILLE TX 78520	7 Amount of contribution (\$) \$250.00
ATTORNE	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date 08/18/2016	Full name of contributor out-of-state PAC (ID#:)  MARLENE DOUGHERTY  Contributor address; City; State; Zip Code  200 MARVIS DRIVE  BROWNSVILLE TX 78520	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date 08/23/2016	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instru  Y	ctions)
Date 08/23/2016	Full name of contributor out-of-state PAC (ID#:)  TIMOTHY ANDREW LOPES  Contributor address; City; State; Zip Code  830 ACACIA LAKE  BROWNSVILLE TX 78520	Amount of contribution (\$) . \$100.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	ctions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 OF 21
FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers
Date 8/16/2016	5 Full name of contributor		7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State 1951 W MONROE BROWNSVILLE TX 78520	e; Zip Code	<b>4.100.100</b>
Principal occu	pation / Job title (See Instructions) S OWNER	9 Employer (See Instruct	ions)
Date 8/18/2016	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/2010	Contributor address; City; State 1002 E TAYLOR ST BROWNSVILLE TX 78520	e; Zip Code	\$100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
<b>08/19/2016</b>	JEFFREY M. STERN  Contributor address; City; State 4909 BISSONNET  BELLAIRE TX 77401	e; Zip Code	\$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date )8/23/2016	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State 611 E WASHINGTON BROWNSVILLE TX 78520	e; Zip Code	<b>4300.00</b>
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruct	ions)

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

#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 11 OF 21
FILER NAME	ZA	;	3 Filer ID (Ethics Commission Filers)
Date 8/23/2016	5 Full name of contributor  ut-of-state PAC (ID RICHARD ZAYAS  6 Contributor address; City; State; 3100 E 14TH ST BROWNSVILLE TX 78520		7 Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructio	ns)
Date <b>8/22/2016</b>	Full name of contributor  DR. KALIM HABET  Contributor address;  City; State;	D#:) Zip Code	Amount of contribution (\$) \$500.00
Principal occup PHYSICIA	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 08/19/2016	Full name of contributor out-of-state PAC (IE  ROBERT GARZA  Contributor address; City; State;  1200 E HARRISON ST  BROWNSVILLE TX 78520	D#:) Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date 08/15/2016	Full name of contributor  ALICIA HERNANDEZ  Contributor address;  City; State;  905 WEST PRICE ROAD  BROWNSVILLE TX 78520	D#:) Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)  ANAGER	Employer (See Instructio	ns)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 12 OF 21
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2016	5 Full name of contributor out-of-state PAC ( DR. BALESH SHARMA  6 Contributor address; City; State; 330 ACACIA LAKE BROWNSVILLE TX 78520	ID#:) Zip Code	7 Amount of contribution (\$) \$500.00
8 Principal occu PHYSICI/	,	Employer (See Instructi	ons)
Date <b>08/15/2016</b>	Full name of contributor out-of-state PAC (  DR. LORENZO PELLY  Contributor address; City; State; P O BOX 3190  BROWNSVILLE TX 78520	ID#:) Zip Code	Amount of contribution (\$) \$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 08/22/2016	Full name of contributor		Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date <b>06/23/2016</b>	Full name of contributor out-of-state PAC ( GLORIA M. RINCONES  Contributor address; City; State; 1040 SOUTH FRONTAGE ROAD BROWNSVILLE TX 78520	(i)D#:)	Amount of contribution (\$)
Principal occu	vation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 13 OF 21
2 FILER NAME ERIC GAR	ZA			3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2016	5 Full name of contributor WILLIAM HAMER  6 Contributor address; 4200 BICENTENNIAL I		; Zip Code	7 Amount of contribution (\$) \$100.00
	MCALLEN TX 78504			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
08/03/2013	JAIME DIEZ	_		Amount of continuous (4)
	Contributor address; P O BOX 1045 WESLACO TX 78596	City; State	; Zip Code	\$250.00
Principal occup ATTORNEY	nation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 07/06/2016	Full name of contributor  DENTON NAVARO RO	out-of-state PAC	· 1	Amount of contribution (\$)
31,33, <u>2</u> 3,13	Contributor address; 701 E HARRISON HARLINGEN TX 78550	City; State	; Zip Code	\$200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 07/05/2016	Full name of contributor  ROLLINS M. KOPPEL	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; P O BOX 271 HARLINGEN TX 78550	City; State	e; Zip Code	\$500.00
Principal occup	oation / Job title (See Instructions)	AMARIA	Employer (See Instruc	ions)
ATTORNE	Y			

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 14 OF 21
2 FILER NAME ERIC GAR	ZA		3 Filer ID (Ethics Commission Filers)
4 Date 07/27/2016	5 Full name of contributor out-of-state PAG PAUL HEMPHILL	C (ID#:)	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State 815 RIDGEWOOD BROWNSVILLE TX 78520		Ψ <b>2</b> 00,000
8 Principal occur ATTORNE	oation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date <b>07/25/2016</b>	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State 854 E VAN BUREN BROWNSVILLE TX 78520		\$100.00
Principal occup	ation / Job title (See Instructions) ,	Employer (See Instruct	ions)
Date 07/28/2016	REYNALDO G. GARZA III	C (ID#:)	Amount of contribution (\$) \$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date <b>07/29/2016</b>	EVERARDO GARCIA	C (ID#:)	Amount of contribution (\$) \$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 15 OF 21
2 FILER NAME ERIC GAR		3 Filer ID (Ethics Commission Filers)		
4 Date 07/29/2016	5 Full name of contributor JOSEPH GRAHAM	out-of-state PAC (ID#:)		7 Amount of contribution (\$) \$200.00
	6 Contributor address; 134 CALLE HERMOSO BAYVIEW TX 78586	City; State	; Zip Code	
8 Principal occu ATTORNI	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 07/29/2016	Full name of contributor  BEN NEECE	•	(ID#:)	Amount of contribution (\$)
	Contributor address; 1000 E VAN BUREN BROWNSVILLE TX 785	City; State	; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/26/2016	Full name of contributor GUILLERMO VEGA	out-of-state PAC (ID#:)		Amount of contribution (\$) \$100.00
	Contributor address; 302 KINGS HWY BROWNSVILLE TX 785	City; State	; Zip Code	<b>\$100100</b>
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date <b>08/03/2016</b>	Full name of contributor ANGELA NIX	out-of-state PAC	> (ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; 81 CORTEZ AVE BROWNSVILLE TX 785	,,	e; Zip Code	
Principal occur ATTORNI	pation / Job title (See Instructions)  EY		Employer (See Instruc	tions)

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

# SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 16 OF 21
FILER NAME ERIC GARZ	ZA.			3 Filer ID (Ethics Commission Filers)
Date 08/02/2016	5 Full name of contributor FRANK COSTILLA		C (ID#:)	7 Amount of contribution (\$) \$200.00
	6 Contributor address; 5 E ELIZABETH ST BROWNSVILLE TX 785	City; State	e; Zip Code	
Principal occup	oation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date <b>B/04/2016</b>	Full name of contributor  DAVID SQUARE	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; 811 E MADISON BROWNSVILLE TX 785	,	e; Zip Code	\$600.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor NEMECIO LOPEZ	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; 1314 E HARRISON HARLINGEN TX 78550	• .	e; Zip Code	\$100.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 8/09/2016	Full name of contributor OTIS POWERS	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; P O BOX 4677 BROWNSVILLE TX 785	•	e; Zip Code	<b>\$100.00</b>
Principal occup BUSINESS	eation / Job title (See Instructions) OWNER		Employer (See Instruc	tions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 17 OF 21
FILER NAME ERIC GAI		3 Filer ID (Ethics Commission Filers)
Date 8/04/2016	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	
Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
Date <b>6/27/2016</b>	Full name of contributor	Amount of contribution (\$)
,	Contributor address; City; State; Zip Code 805 MEDIA LUNA BROWNSVILLE TX 78520	\$500.00
Principal occup	pation / Job title (See Instructions)  Employer (See In	structions)
Date <b>8/12/2016</b>	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code P O BOX 822 HARLINGEN TX 78551	
Principal occup BUSINESS	pation / Job title (See Instructions) Employer (See In OWNER	structions)
Date 5/29/2016	Full name of contributor out-of-state PAC (ID#:	
	Contributor address; City; State; Zip Code P O BOX 17428 AUSTIN TX 78760	\$500 <b>.</b> 00
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)

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#### SCHEDULE A1

1110	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME			18 OF 21  3 Filer ID (Ethics Commission Filers)
ERIC GAR	ZA		
Date 7/28/2016	5 Full name of contributor out-of-state PAC (ID#:)  JORGE GREEN		7 Amount of contribution (\$)
	6 Contributor address; City; State; 34 S CORIA BROWNSVILLE TX 78520	Zip Code	\$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
8/04/2016	JESUS CANALES		\$500.00
	Contributor address; City; State; 845 E HARRISON ST BROWNSVILLE TX 78520	Zip Code	•
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
ATTORNE	r		
Date 7/26/2016	Full name of contributor	ID#:)	Amount of contribution (\$)
,	Contributor address; City; State; 1728 BOCA CHICA BLVD BROWNSVILLE TX 78520	Zip Code	\$200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
ATTORNE	7		
Date	Full name of contributor out-of-state_PAC (I	ID#:)	Amount of contribution (\$)
08/01/2016	LOUIS S. SOROLA		¢500.00
	Contributor address; City; State; 1999 WEST JEFFERSON BROWNSVILLE TX 78520	Zip Code	\$500.00
	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: 19 OF 21
FILER NAME	RZA		3 Filer ID (Ethics Commission Filers
Date 08/10/2016	5 Full name of contributor	f-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City: 4113 PADRE BLVD BROWNSVILLE TX 78520	; State; Zip Code	. \$100,000
Principal occu	oation / Job title (See Instructions)	9 Employer (See Instru	ictions)
Date 07/27/2016	Full name of contributor	f-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City 777 E HARRISON BROWNSVILLE TX 78520	; State; Zip Code	
Principal occup ATTORNE	ation / Job title (See Instructions) <b>Y</b>	Employer (See Instru	ictions)
Date )7/27/2016	Full name of contributor	f-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; 117 E PRICE ROAD BROWNSVILLE TX 78520	; State; Zip Code	<b>\$500.00</b>
Principal occup ATTORNE	ation / Job title (See Instructions)	Employer (See Instru	ictions)
Date 07/29/2016	Full name of contributor out-of	f-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; 37 W ELIZABETH ST BROWNSVILLE TX 78520	State; Zip Code	\$500 <b>.</b> 00
Principal occup	nation / Job title (See Instructions)	Employer (See Instru	ictions)

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 20 OF 21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **ERIC GARZA** 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 07/27/2016 **ROMAN DEAN ESPARZA** \$250.00 City; State; Zip Code 6 Contributor address; **964 E LOS EBANOS BROWNSVILLE TX 78520** 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **ATTORNEY** Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Date **GARCIA OCHOA MASK** 08/02/2016 \$500.00 . . . . . . . . . . . . . . . . . . City; State; Zip Code Contributor address; 820 SOUTH MAIN **MCALLEN TX 78501** Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTORNEY Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Date 07/28/2016 **MARY AGADO** \$500.00 City; State; Zip Code Contributor address; P O BOX 3235 HARLINEN TX 78550 Employer (See Instructions) Principal occupation / Job title (See Instructions) **BUSINESS OWNER** Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:\_ 08/24/2016 ERIN H. GARCIA \$100.00 . . . . . . . . . . . . . City; State; Zip Code Contributor address; 905 E LOS EBANOS **BROWNSVILLE TX 78520** Employer (See Instructions) Principal occupation / Job title (See Instructions) **ATTORNEY**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE A1

<b>E</b> l	LER NAME RIC GAR ate	5 Full name of contributor out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)
			7 Amount of contribution (\$)
8/1	16/2016	<del></del>	
		CATHERINE DROLET	\$1,000.00
		6 Contributor address; City; State; Zip Code	
		pation / Job title (See Instructions)  SSOCIATE  9 Employer (See I	nstructions)
Da	ate	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
Pri	incipal occup	eation / Job title (See Instructions)  Employer (See	Instructions)
Da	ate	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
Pr	incipal occu	pation / Job title (See Instructions)  Employer (See	Instructions)
D	ate	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
Pı	rincipal occu	pation / Job title (See Instructions) Employer (See	Instructions)

# SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Total pages Schedule F1: 1 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID	(Ethics Commission Filers)
Date 07/31/2016	5 Payee name IBC BANK		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$23.40			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	BANKING EXPENSE	Check if travel outside of Texas. Cor	
EXPENDITURE		Groom a radial, 17, oriestics	, <b>3</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/06/2016	CORNER STORE		
Amount (\$)	Payee address; City; State; Zip Code		
\$19.72			
<u></u>	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	TRANSPORTATION EXPENSE	Check if travel outside of Texas. Con Check if Austin, TX, officeholder	
EXPENDITURE		Oleck i Adam, 7X, oliconoco	Titing expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/25/2016	TWC		
Amount (\$)	Payee address; City; State; Zip Code		
\$81.59			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	OFFICE EXPENSE	Check if travel outside of Texas. Cor	
EXPENDITURE		CHECK II AUSUII, 1A, OIIICENDIGE	. Italia evbelise
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

### SCHEDULE F1

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

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

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

	The Instruction Guide explains how to		
Total pages Schedule F1: <b>2 OF 20</b>	2 FILER NAME ERIC GARZA	3 F	iler ID (Ethics Commission Filers)
Date 07/20/2016	5 Payee name UNITED STATES POSTAL SERVICE	:E	
\$ Amount (\$) <b>\$195.00</b>	7 Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  GOLF TOURNAMENT  MAILING EXPENSE	1 =	Texas. Complete Schedule T. officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
07/20/2016	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/15/2016	UNITED STATES POSTAL SERVICE	E	
Amount (\$) <b>\$216.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  GOLF TOURNAMENT  MAILING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		

# SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 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 (\$) <b>\$140.00</b>	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  Check if travel outside of Texas  Check if Austin, TX, officely	· ·	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
07/07/2016	WAL-MART SAMS CLUB			
Amount (\$) <b>\$19.42</b>	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  GOLF TOURNAMENT  EVENT EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
08/01/2016	UNITED STATES POSTAL SERVICE	E		
Amount (\$) <b>\$47.00</b>	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  GOLF TOURNAMENT  MAILING EXPENSE	edule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

# SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/  The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)  complete this form.		
1 Total pages Schedule F1: 4 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)		
4 Date <b>08/03/2016</b>	5 Payee name WAL-MART			
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	OFFICE EXPENSE Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	 Candidate / Officeholder name 	Office sought Office held		
Date	Payee name			
08/31/2016	IBC BANK			
Amount (\$)	Payee address; City; State; Zip Code			
\$42.20				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	BANKING EXPENSE	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08/30/2016	BROWNSVILLE GOLF CENTER			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,169.10	`			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	GOLF TOURNAMENT	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

#### SCHEDULE F1

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

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 5 OF 20 4 Date 5 Payee name 08/27/2016 RAMBALDO RIVERA 6 Amount (\$) 7 Payee address; City; State; Zip Code \$200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **GOLF TOURNAMENT EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 08/09/2016 FIRST FAMILY NETWORK Amount (\$) City; State; Zip Code Pavee address: \$40.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/01/2016 CITY OF PRIMERA Amount (\$) Payee address; City; State; Zip Code \$60.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor Other (ente	Of District r a category not listed above)
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 (\$) <b>\$60.00</b>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DONATION EXPENSE	(b) Description  Check if travel outside of Texas. C	•
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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) <b>EVENT EXPENSE</b>	Description  Check if travel cutside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date <b>09/02/2016</b>	Payee name  CAMERON COUNTY BAR ASSOCIA	ATION	
Amount (\$) \$200.00	Payee address; City; State; Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  DONATION EXPENSE	Description  Check if travel outside of Texas. Co	•
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1: 7 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)		
4 Date 09/09/2016	5 Payee name CAMERON COUNTY DEMOCRATION	CWOMEN		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.00				
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	DONATION EXPENSE	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/12/2016	JUAN LUIS GONZALEZ			
Amount (\$)	Payee address; City; State; Zip Code			
\$24.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	DONATION EXPENSE Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/14/2016	JESSICA RAMIREZ			
Amount (\$)	Payee address; City; State; Zip Code			
\$180.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	EVENT EXPENSE Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	EASTER EGG SHELLS (REIMBURSEMENT)	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
,	The Instruction Guide expla	ins 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	5 Payee name		
08/25/2016	JUAN JAVIER RAMOS		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$90.00			
8	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
PURPOSE	DANIATION EVENIOR	Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	DONATION EXPENSE	Check if Aus	tin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/19/2016	ARMANDO PEREZ		
Amount (\$)	Payee address; City; State;	Zip Code	
\$90.00			
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE	EVENT EXPENSE	Check if travel o	outside of Texas. Complete Schedule T.
OF EXPENDITURE	EASTER EGG SHELLS	Check if Austi	in, TX, officeholder living expense
	(REIMBURSEMENT)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/27/2016	LITTLE CEASERS PIZZA		
Amount (\$)	Payee address; City; State;	Zip Code	
\$38.26			
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE	FOOD EXPENSE	Check if travel of	outside of Texas. Complete Schedule T.
OF EXPENDITURE	(FOOD FOR VOLUNTEERS)	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 OF 20 **ERIC GARZA** 4 Date 5 Payee name 09/29/2016 **FAMILY CRISIS CENTER** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$220.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/28/2016 **JOSE DANIEL GARZA** Amount (\$) Payee address; City; State; Zip Code \$150.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (WOOD BENCHES) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date LEO AGUILAR FOUNDATION 10/11/2016 Amount (\$) Payee address; City; State; Zip Code \$110.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** OF Check if Austin, TX, officeholder living expense (RACE) **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

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

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

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 10 OF 20 ERIC GAI 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 4 Date 5 Payee name 10/12/2016 ADVOCACY FOR NINOS 6 Amount (\$) 7 Pavee address: City; State; Zip Code \$250.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 11/28/2016 **BERLINDA EURESTI** Amount (\$) Payee address; City; State; Zip Code \$30.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 09/19/2016 **GUADALUPE PINEDA** Amount (\$) Payee address; City; State; Zip Code \$150.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Gheck if Austin, TX, officeholder living expense **EASTER EGGS** EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to committee	Vages/ContractLabor	Other (enter a category not listed above)
1 Total pages Schedule F1: 11 OF 20	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2016	5 Payee name GOOD NEIGHBOR SETTLEMENT F	IOUSE	
6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DONATION EXPENSE		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ।	Office sought	Office held
Date	Payee name		
08/27/2016	JESSE GALVAN		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (3RD PLACE - GOLF TOURNAMENT TEAM)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		10-10-10-10-10-10-10-10-10-10-10-10-10-1
12/01/2016	HEB		
Amount (\$) <b>\$40.28</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (CANNED FOOD DRIVE)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### SCHEDULE F1

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

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

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

Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 12 OF 20 ERIC GAF 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 4 Date 5 Payee name 12/02/2016 **ADOLIOS** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$94.42 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense (CANNED FOOD DRIVE) EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/07/2016 **RGV MEDIA GROUP** Amount (\$) Payee address; City; State; Zip Code \$100.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE CONSULTING EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/07/2016 **IBC BANK** Amount (\$) Payee address; City; State; Zip Code \$15.76 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **BANKING EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor Ott	her (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ERIC GARZA	3 1	Filer ID (Ethics Commission Filers)
4 Date 11/02/2016	5 Payee name RGV MEDIA GROUP		
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE		ofTexas.CompleteScheduleT. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/03/2016	UNITED WAY OF SOUTHERN CAN	IERON COUNTY	
Amount (\$) <b>\$105.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  DONATION EXPENSE		f Texas. Complete Schedule T. officeholder_living_expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/04/2016	ADOLIOS		
Amount (\$)	Payee address; City; State; Zip Code		
<b>\$61.92</b>			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE		f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDEL	

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1:	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2016	5 Payee name IBC BANK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$16.90		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	BANKING EXPENSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/21/2016	SAMS CLUB	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  OFFICE SUPPLIES EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/21/2016	WAL-MART	
Amount (\$)	Payee address; City; State; Zip Code	
156.94		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE (CANNED FOOD DRIVE)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (ext of District)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 15 OF 20	: 2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2016	5 Payee name JOSEPH PEREZ		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$600.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	EVENT EXPENSE		tside of Texas. Complete Schedule T.
OF EXPENDITURE	(2ND PLACE -	Check if Austin,	, TX, officeholder living expense
	GOLF TOURNAMENT TEAM)		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/25/2016	RGV MEDIA GROUP		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONSULTING EXPENSE		side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/25/2016	SAMS CLUB		
Amount (\$)	Payee address; City; State; Zip Code		A THE STATE OF THE
\$200.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	EVENT EXPENSE	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	(THANKSGIVING DRIVE)	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ERIC GARZA** 16 OF 20 4 Date 5 Payee name 10/27/2016 **FISO SEA FOOD** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$162.38 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/30/2016 **IBC BANK** Amount (\$) City; State; Zip Code Payee address; \$18.45 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **BANKING EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **UNITED STATES POSTAL SERVICE** 09/20/2016 Amount (\$) Payee address; City; State; Zip Code \$82.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE MAILING EXPENSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	,	Wages/Contract Labor Of	ther (enter a category not listed above)
1 Total pages Schedule F1:	•		Filer ID (Ethics Commission Filers)
4 Date 09/01/2016	5 Payee name SAMS CLUB		
6 Amount (\$) \$215.61	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (HALLOWEEN)		of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/17/2016	SAMS CLUB		
Amount (\$)	Payee address; City; State; Zip Code		
\$155.09			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (GOLF TOURNAMENT)		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/15/2016	HEB		
Amount (\$) <b>\$142.75</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (GOLF TOURNAMENT)		of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	:D

#### SCHEDULE F1

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

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

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

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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME **ERIC GARZA** 18 OF 20 4 Date 5 Payee name 12/14/2016 **CAMERON COUNTY** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$200.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **EVENT EXPENSE PURPOSE** Check if Austin, TX, officeholder living expense (COUNTY CHRISTMAS PARTY) **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **RAY CISNEROS** 08/27/2016 Amount (\$) Payee address; City; State; Zip Code \$900.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **EVENT EXPENSE PURPOSE** Check if Austin, TX, officeholder living expense OF (1ST PLACE **EXPENDITURE GOLF TOURNAMENT TEAM)** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/04/2016 **ADOLIOS** Amount (\$) City; State; Zip Code Payee address; \$344.06 Category (See Categories listed at the top of this schedule) Description **EVENT EXPENSE** Check if travel outside of Texas. Complete Schedule T. PURPOSE OF (MARTINIS AND MANICURES) Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (ente	er a category not listed above)
1 Total pages Schedule F1: 19 OF 20	2 FILER NAME ERIC GARZA	3 Filer II	D (Ethics Commission Filers)
4 Date <b>08/19/2016</b>	5 Payee name JUAN CISNEROS		
6 Amount (\$) <b>\$200.00</b>	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  Check if travel outside of Texas.  Check if Austin, TX, officeho	'
9 Complete ONLY if direct expenditure to benefit C/O	L Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		11-11-11-1
10/07/2016	UNITED STATES POSTAL SERVICE	•	
Amount (\$)	Payee address; City; State; Zip Code		
\$47.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	MAILING EXPENSE (POSTAGE)	Check if travel outside of Texas. (	•
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/06/2016	JOSE LUIS CARRIZALES		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION EXPENSE	Check if travel outside of Texas. ( Check If Austin, TX, officeho	·
Complete ONLY if direct expenditure to benefit C/OI	   Candidate / Officeholder name 	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### SCHEDULE F1

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: 20 OF 20	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
1 Date 10/17/2016	5 Payee name JUAN CISNEROS	
\$ 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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	   Candidate / Officeholder name 	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

#### SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made Candidate/Officeholder/Politio Credit Card Payment		g Expense Travel Out Of District os/Wages/Contract Labor Other (enter a category not listed above) to complete this form.
Total pages Schedule G:	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
Date 11/18/2016	5 Payee name WAL-MART	
Amount (\$) \$156.94	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (CANNED FOOD DRIVE)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date <b>12/17/2016</b>	Payee name STRIPES	,
Amount (\$) \$17.30  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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date <b>12/10/2016</b>	Payee name VISA CARD	
Amount (\$) \$100.00	Payee address; City; State; Zip Code	
political contributions intended		(h) Decembring
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  DONATION EXPENSE  (GIFT CARD)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct	t Candidate / Officeholder name //OH	Office sought Office held

#### SCHEDULE G

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

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

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

Contributions/Donations Made Candidate/Officeholder/Politic credit Card Payment	By Gift/Awards/Memorials Expense Printing cal Committee Legal Services Salarie  The Instruction Guide explains how t	s/Wages/Contract Labor Other (enter a category not listed above)
Total pages Schedule G: 2 OF 17	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers
Date	5 Payee name	
2/18/2016	CARINOS	
Amount (\$)	7 Payee address; City; State; Zip Code	
\$30.00	·	
Reimbursement from political contributions intended		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	DONATION EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(GIFT CARD)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
12/17/2016	STRIPES	
Amount (\$) <b>\$8.05</b>	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	(WATER FOR RACE)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought Office held
Date	Payee name	
12/24/2016	CRACKER BARREL	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.00		
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	DONATION EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(GIFT CARD)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.	t Candidate / Officeholder name C/OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Colorio	j Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
redit Card Payment	The Instruction Guide explains how t	o complete this form.	
Total pages Schedule G: <b>3 OF 17</b>	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·
2/24/2016	BARNES AND NOBLE		
	7 Payee address; City; State; Zip Code		
Amount (\$)	r rayco address,		
\$25.00			
Reimbursement from political contributions intended		(b) Description	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	l —	ide of Texas. Complete Schedule T.
OF	DONATION EXPENSE	! ===	TX, officeholder living expense
EXPENDITURE	(GIFT CARD)		Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office sought	O HOU
Date	Payee name		
12/23/2016	WAL-MART		
Amount (\$)	Payee address; City; State; Zip Code		
\$45.10			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EVENT EXPENSE		side of Texas. Complete Schedule T.
EXPENDITURE	(TOY DRIVE)	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	Payee name		
Date 12/19/2016	MICHAELS		
12/19/2010	71-0-1		
Amount (\$)	Payee address; City; State; Zip Code	<del>2</del>	
\$18.40			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EVENT EXPENSE		itside of Texas. Complete Schedule T.
EXPENDITURE	(TOY DRIVE)	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit (		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NE	EDED

#### SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Date   5 Payee name   HOBBY LOBBY	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Amount (\$)   7   Payee address;   City;   State;   Zip Code	1			
Amount (\$) 7 Payee address; City; State; Zip Code    State   City   State   Zip Code	Date	5 Payee name		
PURPOSE OF EXPENDITURE   Candidate / Officeholder name   Office sought   Office sought	2/24/2016			
Purpose Of Office Offic	Amount (\$)	7 Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Austin, TX, officeholder Is/Indicated Texas. Complete Schedule T. Check if Indicated Texas. Complete Schedule T. Ch	37.80			
PURPOSE OF EXPENDITURE    Candidate / Office holder name				
PURPOSE OF EVENT EXPENSE (TOY DRIVE)  Camplete ONLY if direct expenditure to benefit C/OH  Date  Payee name  APPLEBEES  Amount (\$)  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule) of the sought of the schedule of the sought of the schedule of the sought of th			(b) Description	
Check If Austin, TX, officeholder living expense	PURPOSE		l <del></del>	de of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought	OF			
Candidate / Officenoider name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct oxpenditure to benefit C/OH  Candidate / Officenoider name  Category (See Categories listed at the top of this schedule)  Candidate / Officenoider name  Office sought  Office sought  Office sought  Category (See Categories listed at the top of this schedule)  Candidate / Officenoider name  Office sought  Office sought  Office sought  Office on the travel outside of Texas. Complete Schedule T.  Office sought	EXPENDITURE			Office held
Date   Payee name   APPLEBEES   Amount (\$)   Payee address; City; State; Zip Code   \$20.00   X   Paimbursement from political contributions Intended   Category (See Categories listed at the top of this schedule)   Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder Ilving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office	Complete ONLY if direct		Office sought	Office Field
APPLEBEES  Amount (\$) Payee address; City; State; Zip Code  \$20.00    Reimbursement from political contributions intended   Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.	expenditure to benefit on			
Amount (\$)  Payee address; City: State; Zip Code  **20.00    Reimbursement from political contributions intended   Purpose	Date	Payee name		
\$20.00    Reimbursement from political contributions Intended   Category (See Categories listed at the top of this schedule)   DONATION EXPENSE   Check if travel outside of Texas, Complete Schedule T.   Check if Austin, TX, officeholder living expense		APPLEBEES		
\$20.00    Reimbursement from political contributions intended   Category (See Categories listed at the top of this schedule)   (b)   Description   Check if travel outside of Texas, Complete Schedule T.   Check if dustin, TX, officeholder living expense	Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions Intended   Category (See Categories listed at the top of this schedule)   Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense				
Doublet on the political contributions intended   Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder Ilving expense	•			
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  DONATION EXPENSE (GIFT CARD)  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office sought  Office  Office sought  Office  Payee name  12/21/2016  CHILLIS  Amount (\$)  Payee address;  City; State; Zip Code  Payee address;  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  DONATION EXPENSE (GIFT CARD)  Complete ONLY if direct  Candidate / Officeholder name  Office sought	political contributions			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  12/21/2016  Amount (\$)  Payee address;  City; State; Zip Code  Payee address;  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  OF Donation Expense  Check if Austin, TX, officeholder Ilving expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office sought	III.terided	Category (See Categories listed at the top of this schedule)	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought				
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  CHILLIS  Amount (\$)  Payee address; City; State; Zip Code  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Contributions contributions  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct  Candidate / Officeholder name  Contributions  Category (See Categories listed at the top of this schedule)  Contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought	_	(GIFT CARD)	Check if Austin,	TX, officeholder living expense
Date  12/21/2016  CHILLIS  Amount (\$) Payee address; City; State; Zip Code  \$25.00  X Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  OF CATEGORY (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office		<del></del>	Office sought	Office held
Amount (\$)  Payee address; City; State; Zip Code  \$25.00  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  City; State; Zip Code  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	expenditure to benefit Ca	OH		
Amount (\$)  Payee address; City; State; Zip Code  \$25.00  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Candidate / Officeholder name  City; State; Zip Code  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Amount (\$) Payee address; City; State; Zip Code  \$25.00    X   Reimbursement from political contributions intended   Category (See Categories listed at the top of this schedule)   DONATION EXPENSE   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense				
\$25.00    Reimbursement from political contributions intended   Category (See Categories listed at the top of this schedule)   Description	12/21/2016			
Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  DONATION EXPENSE (GIFT CARD)  Candidate / Officeholder name  Candidate / Officeholder name  Complete Contributions  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	\$25.00			
PURPOSE OF EXPENDITURE  DONATION EXPENSE (GIFT CARD)  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Category (see Categories listed at the top of the complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office	political contributions			
Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name		Category (See Categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·	
Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name			<del>                                   </del>	
Complete ONLY if direct Candidate / Officeholder name Office sought		(GIFT CARD)	Check if Austin,	TX, officeholder living expense
expenditure to benefit Groff	Complete ONLY if direct expenditure to benefit C		Office sought	Office held

#### SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Total pages Schedule G: 5 OF 17	2 FILER NAME ERIC GARZA	3 Filer 1D (Ethics Commission Filers
Date	5 Payee name	
12/23/2016	WAL-MART	_
	7 Payee address; City; State; Zip Code	
Amount (\$)	T ayou dudioos,	
\$65.20		
Reimbursement from political contributions		
intended	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(CANNED FOOD DRIVE)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/		
Deta	Payee name	
Date   0/31/2016	DULCERIA	
Amount (\$) <b>\$69.93</b>	Payee address; City; State; Zip Code	
Reimbursement from political contributions		_
intended	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(HALLOWEEN CANDY)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought Office held
Date	Payee name	
11/11/2016	НЕВ	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$46.18	, 1,00	
WTU: IU		
•		
Reimbursement from political contributions		
Reimbursement from	Category (See Categories listed at the top of this schedule)	(b) Description
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	(b) Description  Check if travel outside of Texas. Complete Schedule T.
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (CANNED FOOD DRIVE)	
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct	t Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.
Reimbursement from political contributions intended  PURPOSE  OF  EXPENDITURE	t Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

#### SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee Legal Services Salaries	s/Wages/Contract Labor	Other (enter a category not listed above)
redit Card Payment	The Instruction Guide explains how to	o complete this form.	3 Filer ID (Ethics Commission Filers)
Total pages Schedule G:	2 FILER NAME ERIC GARZA		3 Files ID (Lunes commiscion vivi)
6 OF 17			
Date	5 Payee name		
11/17/2016	WAL-MART		
Amount (\$) \$127.39	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended		(h) Description	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	side of Texas. Complete Schedule T.
PURPOSE OF	EVENT EXPENSE		TX, officeholder living expense
EXPENDITURE	(TURKEY DINNER DRIVE)	Clieck if Adams	
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
12/04/2016	PARTY CITY		
Amount (\$) <b>\$36.06</b>	Payee address; City; State; Zip Code	9	
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	Och abla T
PURPOSE	EVENT EXPENSE		atside of Texas. Complete Schedule T.
OF EXPENDITURE	(EMPLOYEE HOLIDAY PARTY)	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit (	ct Candidate / Officeholder name C/OH	Office sought	Office held
Date 12/04/2016	Payee name BUFFALLO WILD WINGS		
Amount (\$)	Payee address; City; State; Zip Cod	le	
\$25.00			
Reimbursement from political contribution intended	S		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule DONATION EXPENSE (GIFT CARD)	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Office sought	Office held
Complete ONLY if dire expenditure to benefit	ect Candidate / Officeholder name C/OH		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NI	EEDED
			D 1 10/0

### SCHEDULE G

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Officeholder/Political Committee

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

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

Total pages Schedule G: 7 OF 17	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
2/09/2016	FAMILY DOLLAR		
Amount (\$)	7 Payee address; City; State; Zip Code		
16.24			
Reimbursement from political contributions intended			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	CT Commiste Schodule T
PURPOSE OF	EVENT EXPENSE	1	de of Texas. Complete Schedule T. FX, officeholder living expense
EXPENDITURE	(HOLIDAY TOY DRIVE)	Check if Ausun, i	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
12/09/2016	FAMILY DOLLAR		
	Payee address; City; State; Zip Code		
Amount (\$) <b>530.85</b>	rayee addicas,		
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	ide of Texas. Complete Schedule T.
PURPOSE OF	EVENT EXPENSE		TX, officeholder living expense
EXPENDITURE	(HOLIDAY TOY DRIVE)		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
Dete	Payee name		
Date <b>12/14/2016</b>	WAL-MART		
12/14/2010	01		
Amount (\$)	Payee address; City; State; Zip Code	į	
\$21.39			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	side of Texas. Complete Schedule T.
PURPOSE OF	EVENT EXPENSE		TX, officeholder living expense
EXPENDITURE	(HOLIDAY TOY DRIVE)	L Gneck it Austin,	
Complete ONLY if direct	ot Candidate / Officeholder name C/OH	Office sought	Office held
expenditure to benefit (			

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

Complete ONLY if direct expenditure to benefit C/OH  Date  12/15/2016  Amount (\$)  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$)  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Office  Payee name  ADOLIOS  Amount (\$)  Reimbursement from political contributions intended  Payee address; City; State; Zip Code	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
Date   1/15/2016	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
Amount (\$)  7 Payee address; City; State; Zip Code  222.75  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Payee name  SAMS CLUB  Purpose OF EXPENDITURE  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Payee name  SAMS CLUB  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Payee name  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Payee address; City; State; Zip Code  Sams CLUB  Amount (\$)  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (WATER FOR RACE)  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
Reimbursement from Intended    Purpose OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   (b) Design (See Categories listed at the top of this schedule)   (c) Design (See Categories listed at the top of this schedule)   (d) Design (See Categories listed at the top of this schedule)   (d) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at the top of this schedule)   (e) Design (See Categories listed at t	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Payee name Sams CLUB  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Payee name Sams CLUB  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Purpose (WATER FOR RACE)  Candidate / Officeholder name  Candidate / Officeholder name  Office  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Purpose (WATER FOR RACE)  Candidate / Officeholder name  Officeholder name  Officeholder name  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Purpose OF EVENT EXPENSE	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (TURKEY DINNER DRIVE)  Complete ONLY if direct expenditure to benefit C/OH  Payee name  SAMS CLUB  Payee address; City; State; Zip Code  33.91  X Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Category (See Categories listed at the top of this schedule)  PURPOSE OF (WATER FOR RACE)  Candidate / Officeholder name  Office  Payee name  12/01/2016  ADOLIOS  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Payee name  12/01/2016  ADOLIOS  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Payee name  12/01/2016  ADOLIOS  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  PURPOSE OF  EVENT EXPENSE	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  12/15/2016  Amount (\$)  Payee address; City; State; Zip Code  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$)  Amount (\$)  Payee address; City; State; Zip Code  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$)  Amount (\$)  Amount (\$)  Category (See Categories listed at the top of this schedule)  Payee name  ADOLIOS  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Purpose OF  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Purpose OF  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	heck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  12/15/2016  Amount (\$)  Payee address; City; State; Zip Code  Purpose Expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule) Expenditure to benefit C/OH  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Purpose Expenditure to benefit C/OH  Candidate / Officeholder name  Office	Office hold
Date  Payee name SAMS CLUB  Payee address; City; State; Zip Code  33.91  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Office  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$)  Amount (\$)  Payee address; City; State; Zip Code  Candidate / Officeholder name  Office  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  PURPOSE OF  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  PURPOSE OF	ought Office held
Amount (\$) Payee address; City; State; Zip Code    Reimbursement from political contributions intended   Category (See Categories listed at the top of this schedule)   Category (See Categories listed at the top of this schedule)   Category (See Categories listed at the top of this schedule)   Category (See Categories listed at the top of this schedule)   Category (See Categories listed at the top of this schedule)   Candidate / Office	
Amount (\$)  33.91  X Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  12/01/2016  Amount (\$)  Reimbursement from contributions intended  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Candidate / Officeholder name  Office  Payee name  12/01/2016  Amount (\$)  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (b) Description of this schedule)  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	
Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$)  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office  Candidate / Officeholder name  Candidate / Officeholder name  Office  Candidate / Officeholder name  Candidate / Officeholder name  Office  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  12/01/2016  Amount (\$)  Reimbursement from political contributions intended  Payee address;  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (WATER FOR RACE)  Candidate / Officeholder name  Office  Office  Candidate / Officeholder name  Office  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  PURPOSE  OF  EVENT EXPENSE	
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE (WATER FOR RACE)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$) Payee address; City; State; Zip Code  131.60  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office  Payee name  ADOLIOS  Amount (\$) Payee address; City; State; Zip Code  131.60  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  PURPOSE OF  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name ADOLIOS  Amount (\$) Payee address; City; State; Zip Code  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF  Complete ONLY if direct candidate / Officeholder name Office	•
Complete ONLY if direct expenditure to benefit C/OH  Date  12/01/2016  Amount (\$)  Payee address; City; State; Zip Code  131.60  Reimbursement from political contributions intended  Purpose OF  Candidate / Officeholder name  Office  Candidate / Officeholder name  Officehol	Check if travel outside of Texas. Complete Schedule T.
Date  12/01/2016  Amount (\$)  Payee address; City; State; Zip Code  131.60  Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  PURPOSE  OF  PURPOSE  EVENT EXPENSE	Check If Austin, TX, officeholder living expense
ADOLIOS  Amount (\$) Payee address; City; State; Zip Code  Amount (\$)  Amount (\$)  Amount (\$)  Amount (\$)  Amount (\$)  Payee address; City; State; Zip Code	ought Office held
Amount (\$) Amount (\$) Payee address; City; State; Zip Code  Amount (\$) Amount (\$) Amount (\$) Amount (\$) Category (See Categories listed at the top of this schedule)  PURPOSE OF  EVENT EXPENSE	
Reimbursement from political contributions intended  Category (See Categories listed at the top of this schedule)  PURPOSE  OF  EVENT EXPENSE	
PURPOSE OF  Category (See Categories listed at the top of this schedule)  EVENT EXPENSE  (b) De  (b) De	
PURPOSE EVENT EXPENSE	
OF EVENT EXPENSE	· ·
EXPENDITURE (CANNED FOOD DRIVE)	cription
	Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct candidate / Officeholder name Office expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

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

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

		to complete this form.
otal pages Schedule G:	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission File
	5 Payee name	
Date	LA MICHOACANA	
1/25/2016		
Amount (\$)	7 Payee address; City; State; Zip Code	<b>э</b>
43.43		
Reimbursement from political contributions intended		
il iteliaea	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(TURKEY DINNER DRIVE)	Check if Austin, TX, officeholder living expense
EXPENDITURE		Office held
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name /OH	Office sought Office neid
Date	Payee name	·
12/07/2016	WAL-MART	
12/01/2010		
Amount (\$)	Payee address; City; State; Zip Cod	le
\$50.69		
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(CHRISTMAS TOY DRIVE)	Check if Austin, TX, officeholder living expense
		Office sought Office held
Complete ONLY if direct expenditure to benefit (	ct Candidate / Officeholder name C/OH	
expenditure to benefit (	С/ОН	Gillion cong
expenditure to benefit (	Payee name	
expenditure to benefit (	С/ОН	Gillio cong
expenditure to benefit (	Payee name	
Date 12/15/2016  Amount (\$) \$52.50  Reimbursement from political contributions	Payee name  WAL-MART  Payee address; City; State; Zip Cod	
Date 12/15/2016 Amount (\$) \$52.50 Reimbursement from	Payee name  WAL-MART  Payee address; City; State; Zip Cod	de
Date 12/15/2016  Amount (\$) \$52.50  Reimbursement from political contributions	Payee name  WAL-MART  Payee address; City; State; Zip Cod  Category (See Categories listed at the top of this schedule	de
Date 12/15/2016 Amount (\$) \$52.50  Reimbursement from political contributions intended  PURPOSE OF	Payee name  WAL-MART  Payee address; City; State; Zip Cod  Category (See Categories listed at the top of this schedule  EVENT EXPENSE	de  (b) Description  Check if travel outside of Texas. Complete Schedule T.
Date 12/15/2016  Amount (\$) \$52.50  Reimbursement from political contributions intended  PURPOSE	Payee name  WAL-MART  Payee address; City; State; Zip Cod  Category (See Categories listed at the top of this schedule	e)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Date 12/15/2016 Amount (\$) \$52.50  X Reimbursement from political contributions intended  PURPOSE OF	Payee name WAL-MART  Payee address; City; State; Zip Cod  Category (See Categories listed at the top of this schedule EVENT EXPENSE (CHRISTMAS TOY DRIVE)  Cot Candidate / Officeholder name	de  (b) Description  Check if travel outside of Texas. Complete Schedule T.

## SCHEDULE G

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

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

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

#### SCHEDULE G

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

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

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Other (enter a category not listed above) Salarles/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: **ERIC GARZA** 11 OF 17 5 Payee name 4 Date CVS 12/16/2016 City; State; Zip Code 7 Payee address; 6 Amount (\$) \$25.00 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. DONATION EXPENSE **PURPOSE** OF Check if Austin, TX, officeholder living expense (GIFT CARD) EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date **FISO SEAFOOD** 10/16/2017 City; State; Zip Code Payee address; Amount (\$) \$27.00 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE DONATION EXPENSE** Check if Austin, TX, officeholder living expense OF (GIFT CARD) **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date TEXAS ROADHOUSE 07/08/2016 City; State; Zip Code Payee address; Amount (\$) \$37.41 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE FOOD EXPENSE** OF Check if Austin, TX, officeholder living expense (FUNDRAISER MEETING) EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

	The Instruction Guide explains how to		3 Filer ID (Ethics Commission Filers)
Total pages Schedule G:	2 FILER NAME ERIC GARZA		
Date	5 Payee name		
07/08/2016	FAMILY DOLLAR		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$4.60			
Reimbursement from political contributions			
intended		(b) Description	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE		e of Texas. Complete Schedule T.
OF	(EMPLOYEE OFFICE PARTY)	1 ===	X, officeholder living expense
EXPENDITURE			Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	
Date	Payee name		
07/26/2016	UNITED STATES POSTAL SERV	ICE	
Amount (\$)	Payee address; City; State; Zip Code		
\$34.00			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	ide of Texas. Complete Schedule T.
PURPOSE OF	MAILING EXPENSE		TX, officeholder living expense
EXPENDITURE	(POSTAGE)		
Complete ONLY if direct expenditure to benefit Complete.	t Candidate / Officeholder name //OH	Office sought	Office held
D-10	Payee name		
Date 07/21/2016	COBBLEHEADS		
	Payee address; City; State; Zip Cod	е	
Amount (\$)	,		
\$25.98			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	U. (There Committee Caleadilla T
PURPOSE OF	FOOD EXPENSE		side of Texas. Complete Schedule T.
EXPENDITURE	(FUNDRAISER MEETING)	Check if Austin,	TX, officeholder living expense
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name C/OH	Office sought	Office held
expenditure to bonom			
expenditure to beliefit			

## SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEED!	ED
Complete <u>ONLY</u> if dire expenditure to benefit	ct Candidate / Officeholder name C/OH	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule EVENT EXPENSE (POSTAGE FOR EVENT)	Check if travel outside Check if Austin, TX	of Texas. Complete Schedule T. , officeholder living expense Office held
Reimbursement from political contributions intended	5	(b) Description	
Amount (\$) <b>\$47.00</b>	Payee address; City; State; Zip Coo	de	
Date 07/27/2016	Payee name UNITES STATES POST OFFICE		
Complete ONLY if direct expenditure to benefit (	ot Candidate / Officeholder name C/OH	Office sought	Onico nod
PURPOSE OF EXPENDITURE	FOOD EXPENSE (LUNCH FOR VOLUNTEERS)	Check if Austin, TX,	f Texas. Complete Schedule T. officeholder living expense Office held
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	(b) Description	
Amount (\$) <b>\$32.11</b>	Payee address; City; State; Zip Cod	e	
Date )8/16/2016	POLLO LOCO		
expenditure to benefit C	Payee name		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
PURPOSE OF EXPENDITURE	EVENT EXPENSE (EMPLOYEE OFFICE PARTY)	1	Texas. Complete Schedule T. fficeholder living expense
political contributions intended	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Turas Completo Schodulo T
39.18  Reimbursement from			
Amount (\$)	7 Payee address; City; State; Zip Code		
Date <b>7/08/2016</b>	5 Payee name  HEB		
otal pages Schedule G:	2 FILER NAME ERIC GARZA		
	O EU ED NAME	3	Filer ID (Ethics Commission Filers)

Forms provided by Texas Ethics Commission

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Wages/Contract Labor C	Other (enter a category not listed above)
redit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule G:	2 FILER NAME ERIC GARZA	3	Filer ID (Ethics Commission Filers)
Date	5 Payee name		
3/03/2016	MICHAELS		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$36.71			
Reimbursement from political contributions intended			
I (LO. COO)	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_
PURPOSE	DONATION EXPENSE		Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX,	officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/			
Date	Payee name		
08/04/2016	SAMS		
Amount (\$)	Payee address; City; State; Zip Code		
\$155.09			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	<del>-</del>
PURPOSE	DONATION EXPENSE		of Texas. Complete Schedule T.
OF EXPENDITURE	(BEVERAGES FOR RACES)	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name //OH	Office sought	Office held
Date	Payee name		
08/25/2016	SAMS		
Amount (\$)	Payee address; City; State; Zip Code	······································	
\$215.61			
Reimbursement from political contributions intended			
N. Selbert, Colombian	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	EVENT EXPENSE		of Texas. Complete Schedule T.
OF EXPENDITURE	(GOLF TOURNAMENT)	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit (	ct Candidate / Officeholder name C/OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	
	www.athioa.atati		Revised 9/8

### 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 Gilft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how t	3 Filer ID (Ethics Commission	Filers)
Total pages Schedule G: 15 OF 17	2 FILER NAME ERIC GARZA	C Filed 15 (2010)	
Date 08/17/2016	5 Payee name WING BARN		
Amount (\$)  36.34  Reimbursement from political contributions	7 Payee address; City; State; Zip Code		
intended	this abodula	(b) Description	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)  FOOD EXPENSE	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	(VOLUNTEER LUNCH)	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
08/18/2016	DOUBLE DAY		<del></del>
Amount (\$) <b>\$48.97</b>	Payee address; City; State; Zip Code	3	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
EXPENDITURE	(TOURNAMENT VOLUNTEER LUNC	Office held	7
Complete ONLY if direct expenditure to benefit Complete.	t Candidate / Officeholder name C/OH	Office sought Office reid	u 
Date	Payee name		
08/26/2016	FABRIZZIOS		
Amount (\$) <b>\$75.66</b>	Payee address; City; State; Zip Coo	le	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule <b>EVENT EXPENSE</b>	Check if travel outside of Texas. Complete Schedule 1.	
ΛE	(TOURNAMNET VOLUNTEER LI		
OF EXPENDITURE		Office sought Office he	ld
	ct Candidate / Officeholder name C/OH	Cilido stagin	

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

Total pages Schedule G:	2 FILER NAME	3 Filer ID (E	thics Commission Filers)
16 OF 17	ERIC GARZA		
Date	5 Payee name		
08/27/2016	STRIPES		
Amount (\$) \$14.70 Reimbursement from	7 Payee address; City; State; Zip Code		
political contributions intended			
ijiloi idos	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	EVENT EXPENSE	Check if travel outside of Texas. Complete	
OF EXPENDITURE	(WATER FOR RACE)	Check if Austin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C.	t Candidate / Officeholder name /OH	Office sought	Office held
Date 10/24/2016	Payee name <b>DULCERIA</b>		
10/24/2010	Old Tip Code		
Amount (\$)	Payee address; City; State; Zip Code		
\$75.00			
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Complete	
EXPENDITURE	(HALLOWEEN CANDY DRIVE)	Check if Austin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit Complete to benef	t Candidate / Officeholder name C/OH	Office sought	Office held
Data	Payee name		
Date	DULCERIA		
10/04/2016	O'L O'LL Zin Code		
Amount (\$) <b>\$72.00</b>	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	L- C-kadula T
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Comple	
EXPENDITURE	(HALLOWEEN CANDY DRIVE)	Check if Austin, TX, officeholder liv	
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name C/OH	Office sought	Office held

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to		3 Filer ID (Ethics Commission Filers)
Total pages Schedule G:	2 FILER NAME		
17 OF 17	ERIC GARZA		
Date	5 Payee name		
10/06/2016	SAMS CLUB		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00			
Reimbursement from			
political contributions intended			
Interioed	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	MEMBERSHIP FEE		side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit Co			
<b>41. F</b> = 1			
Date	Payee name		
Date 10/06/2016	SAMS CLUB		
10/00/2010			
Amount (\$)	Payee address; City; State; Zip Code		
\$178.68			
Reimbursement from			
political contributions intended		(h) B - winting	
	Category (See Categories listed at the top of this schedule)	(b) Description	stside of Texas. Complete Schedule T.
PURPOSE OF	EVENT EXPENSE		, TX, officeholder living expense
EXPENDITURE		L Greek if Addu	
Complete ONLY if direct	ct Candidate / Officeholder name	Office sought	Office held
expenditure to benefit (	C/OH		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	<del></del> :	
Amount (4)			
Reimbursement from political contributions			
intended	Category (See Categories listed at the top of this schedule)	(b) Description	<del></del>
PURPOSE	Category (500 care)		outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	in, TX, officeholder living expense
		Office sought	Office held
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name C/OH	Office dadg	
expenditure to benefit			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED