

ERIC
GARZA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
ERIC GARZA

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

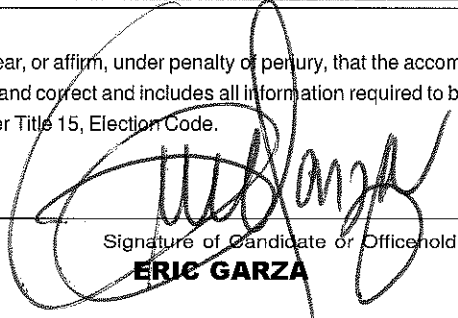
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

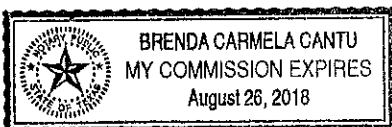
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,570.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2,498.03
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,034.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,325.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

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




Signature of Candidate or Officeholder
ERIC GARZA



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **ERIC GARZA**, this the **16TH** day of **JANUARY**, 20 **18**, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Brenda Carmela Cantu Printed name of officer administering oath

Notary Public for the State of TX Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME ERIC GARZA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,570.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,532.09
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royston, Rayzor & Williams 6 Contributor address; City; State; Zip Code 55 Cove Circle Brownsville, Texas 78521	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Gamez, Jr. Contributor address; City; State; Zip Code 127 Shoreline Dr. Brownsville, Texas 78526	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colvin, Chaney, Saenz & Rodriguez Contributor address; City; State; Zip Code 1201 E. Van Buren St. Brownsville, Texas 7852	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Padrino Bail Bonds Contributor address; City; State; Zip Code 1009 Fair Park Boulevard Harlingen, Texas 78550	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 08/04/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton Navarro Rocha Bernal Hyde & Zech	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 701 East Harrison Suite 100 Harlingen, Texas 78550	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Esther Sorola	Amount of contribution (\$) \$125.00
	Contributor address; City; State; Zip Code 1999 W Jefferson St. Brownsville, Texas 78520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlo Hernandez	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2965 East 13 th Street Brownsville, Texas 78521	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Phil Bellamy	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 815 Ridgewood St Brownsville, Texas 78520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Barguiarena Attorney at Law	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 302 Kings Hwy #107 Brownsville, Texas 78521		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene O Oliveira State Representative	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 855 West Price Rd., Suite 22 Brownsville, Texas 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 35 Providencia Ct. Brownsville, Texas 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams & Graham	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 134 E Van Buren Ave, Ste 301 Harlingen, Texas 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 15

2 FILER NAME Eric Garza

3 Filer ID (Ethics Commission Filers)

4 Date
08/16/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Adolfo E Cordova Jr.

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
711 N Sam Houston Blvd San Benito, Texas 78586

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/18/2017

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

Amount of contribution (\$) \$150.00

Contributor address; City; State; Zip Code
2835 Boardwalk Ct Brownsville, Texas 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/18/2017

Full name of contributor out-of-state PAC (ID#: _____)
Jonathan Gracia

Amount of contribution (\$) \$1,800.00

Contributor address; City; State; Zip Code
932 E Van Buren St Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/22/2017

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Lorenzo R. Pelly, MD

Amount of contribution (\$) \$500.00

Contributor address; City; State; Zip Code
2300 Central Blvd Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 15

2 FILER NAME
Eric Garza

3 Filer ID (Ethics Commission Filers)

4 Date
07/07/2017

5 Full name of contributor
Dr. Balesh Sharma, MD

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
330 Acacia Lake DR. Brownsville, Texas 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
07/10/2017

Full name of contributor
Marion R. Lawler

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
805 Media Luna 620 Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/03/2017

Full name of contributor
The Green Law Firm

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
34 S. Coria St Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/06/2017

Full name of contributor
Law Office of Leonardo Rincones

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
854 E Van Buren St Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 15

2 FILER NAME Eric Garza

3 Filer ID (Ethics Commission Filers)

4 Date
07/05/2017

5 Full name of contributor
Alicia Hernandez out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
5800 Padre Blvd., Ste 115 South Padre Island, Texas 78597

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
07/06/2017

Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Edmund K. Cyganiewicz

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1000 E Madison Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/10/2017

Full name of contributor out-of-state PAC (ID#: _____)
Hodge & James

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
hics.state.tx.us/" Unit A Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/07/2017

Full name of contributor out-of-state PAC (ID#: _____)
Eddie Lucio III

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
P.O. Box 2106 San Benito, Texas 78586

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 07/13/2017	5 Full name of contributor Roerig, Oliveira & Fisher <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 855 West Price Road, Suite 9 Brownsville, Texas 78520	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2017	Full name of contributor Quito Pena <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code P.O. Box 5539 Brownsville, Texas 78523	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2017	Full name of contributor Law Office of Gabriela Garcia <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1135 E 12 th Street Brownsville, Texas 78520	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2017	Full name of contributor Thelma O Garcia <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 301 East Madison Ave Harlingen, Texas 78550	Amount of contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 07/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Rivera 6 Contributor address; City; State; Zip Code 1126 Planeta Brownsville, Texas 78520	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Helen O. Delgadillo Contributor address; City; State; Zip Code 955 E. Tyler St Brownsville, Texas 78520	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Larry Warner Contributor address; City; State; Zip Code 3109 Banyon Cir Harlingen, Texas 78550	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Manuel Martinez Contributor address; City; State; Zip Code 554 E Jackson Brownsville, Texas 78520	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9 of 15

2 FILER NAME

Eric Garza

3 Filer ID (Ethics Commission Filers)

4 Date
08/02/2017

5 Full name of contributor
Chester R. Gonzalez

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

7 Amount of contribution (\$) \$500.00

6 Contributor address;
117 E. Price Rd

City; State; Zip Code
Brownsville, Texas 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/17/2017

Full name of contributor
Dean Owen

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

Amount of contribution (\$) \$500.00

Contributor address;
1905 N. Illinois Ave

City; State; Zip Code
Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/09/2017

Full name of contributor
Atlas, Hall & Rodriguez

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

Amount of contribution (\$) \$500.00

Contributor address;
50 W. Morrison Rd., Ste A

City; State; Zip Code
Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/2017

Full name of contributor
Fernando Saenz

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

Amount of contribution (\$) \$1,500.00

Contributor address;
1501 Mackenzie

City; State; Zip Code
Weslaco, Texas 78599

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 07/10/2017	5 Full name of contributor Esparza & Garza 6 Contributor address; 964 E. Los Ebanos Blvd City; State; Zip Code Brownsville, Texas 78520 <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/11/2017	Full name of contributor Kevin Isbell Contributor address; 1641 Resaca Village City; State; Zip Code Brownsville, Texas 78520 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2017	Full name of contributor Law Office of Noe D. Garza, Jr. Contributor address; 854 E. Van Buren St City; State; Zip Code Brownsville, Texas 78520 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2017	Full name of contributor Eddie Trevino Jr. Contributor address; 805 Media Luna, Suite 300 City; State; Zip Code Brownsville, Texas 78520 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 07/07/2017	5 Full name of contributor Kantack Alcantara Law Office <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; 4113 Padre Blvd City; State; Zip Code South Padre Island, Texas 78597		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/10/2017	Full name of contributor Mendez Law Firm <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Contributor address; 647 E. St. Charles City; State; Zip Code Brownsville, Texas 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2017	Full name of contributor Juan C. Rodriguez <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Contributor address; 6925 Laguna Del Rey City; State; Zip Code Brownsville, Texas 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2017	Full name of contributor Raul Lopez <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50.00
Contributor address; 1106 E. 7 th St. City; State; Zip Code Brownsville, Texas 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 09/15/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneros South TX Law Group	7 Amount of contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 1002 E. Taylor Brownsville, Texas 78520	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Abete	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 400 E. Alton Gloor Blvd., Ste B Brownsville, Texas 78526	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Firm of Zayas & Zamora	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3100 E 14 th St Brownsville, Texas 78521	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar & Zabarte	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 990 Marine Dr. Brownsville, Texas 78520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Taylor Attorney at Law 6 Contributor address; City; State; Zip Code 1906 E Tyler Ave, Suite F1 Harlingen, Texas 78550	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Javier Villarreal Contributor address; City; State; Zip Code 2401 Wildflower Dr., Suite A Brownsville, Texas 78526	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Sanchez Law Firm Contributor address; City; State; Zip Code 501 E. Tyler Harlingen, Texas 78550	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asim Zamir Contributor address; City; State; Zip Code 2100 W. San Marcelo Blvd. #240 Brownsville, Texas 78521	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2017	5 Full name of contributor Watts Guerra <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 4 Dominion Drive Bldg 3, Suite 100 San Antonio, Texas 78257		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2017	Full name of contributor Jones & Crane Attorneys <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 3070 Brownsville, Texas		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2017	Full name of contributor Samuel Guerrero <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$270.00
Contributor address; City; State; Zip Code 5156 N Expressway, Ste B Brownsville, Texas 78526		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2017	Full name of contributor David Square <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 302 Kings Hwy Ste 103 Brownsville, Texas 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 15
2 FILER NAME Eric Garza		3 Filer ID (Ethics Commission Filers)
4 Date 08/15/2017	5 Full name of contributor Georgina Del Valle <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/08/2017	Full name of contributor Katherine Drolet <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2017	5 Payee name CAMERON COUNTY DEMOCRATIC PARTY	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code BROWNSVILLE, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/01/2017	Payee name FACEBOOK	
Amount (\$) \$200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/01/2017	Payee name FACEBOOK	
Amount (\$) \$200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 10/01/2017	5 Payee name FACEBOOK				
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/01/2017	Payee name FACEBOOK				
Amount (\$) \$200.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/01/2017	Payee name FACEBOOK				
Amount (\$) \$200.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 07/01/2017	5 Payee name IBC				
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/01/2017	Payee name IBC				
Amount (\$) \$30.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/01/2017	Payee name IBC				
Amount (\$) \$30.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 10/01/2017	5 Payee name IBC				
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/01/2017	Payee name IBC				
Amount (\$) \$30.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/01/2017	Payee name IBC				
Amount (\$) \$30.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2017	5 Payee name WAL-MART	
6 Amount (\$) \$475.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/23/2017	Payee name SAMS CLUB	
Amount (\$) \$425.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/01/2017	Payee name BROWNSVILLE GOLF COURSE	
Amount (\$) \$1,254.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2017	5 Payee name WAL-MART	
6 Amount (\$) \$468.52	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (CANDIES FOR COUNTYWIDE HALLOWEEN EVENTS)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/2017	Payee name WAL-MART	
Amount (\$) \$548.24	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (ANNUAL THANKSGIVING DINNERS)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/15/2017	Payee name SAMS CLUB	
Amount (\$) \$421.25	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (ANNUAL THANKSGIVING DINNERS)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)			
4 Date 11/14/2017	5 Payee name HEB				
6 Amount (\$) \$423.58	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (ANNUAL THANKSGIVING DINNERS)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/03/2017	Payee name WAL-MART				
Amount (\$) \$398.47	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (ANNUAL CHRISTMAS TOY DRIVE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/15/2017	Payee name CAMERON COUNTY				
Amount (\$) \$200.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (ANNUAL EMPLOYEE CHRISTMAS PARTY)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 08/19/2017	5 Payee name FRANCISCO HERNANDEZ
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6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EGG SHELLS FOR EASTER 2018)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/01/2017	Payee name JOEL HERNANDEZ
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Amount (\$) \$900.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT 1ST PLACE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/23/2017	Payee name FRANCISCO HERNANDEZ
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Amount (\$) \$210.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EGG SHELLS FOR EASTER 2018)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 OF 10	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2017	5 Payee name FRANCISCO HERNANDEZ	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EGG SHELLS FOR EASTER 2018)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/01/2017	Payee name RGV MEDIA GROUP	
Amount (\$) \$150.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/01/2017	Payee name RGV MEDIA GROUP	
Amount (\$) \$150.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED