ERIC GARZA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 28 |
|--|--|---------------------------------------|---|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS / MRS / MR FIRST MR. ERIC NICKNAME LAST | MI | OFFICE USE ONLY Date Received |
| 4 CANDIDATE/ | GARZA | SUFFIX | CARETOON COUNTY |
| OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; P O BOX 4173 BROWNSVILLE TX 78520 | CITY; STATE; ZIP GODE | CAMERON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION 3:.2027AN 16 2018 |
| Change of Address | | | 2.004. DAIN 10 SO10 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) 551-0155 | EXTENSION | Date Hard-delivered or Date Postmacked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST MR. R. BRUCE | MI | Receipt # Amount \$ |
| NAME | NICKNAME LAST | | Date Processed |
| | THARPE | | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | P O BOX 4173 BROWNSVILLE TX 78520 | JITE #; CITY; STATE; | ZIP CODE |
| 3 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 551-0155 | EXTENSION | |
| REPORT TYPE | July 15 30th day before electrical and a second sec | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 0 PERIOD COVERED | Month Day Year 07 01 2017 | Month | Day Year |
| | 07 /01 / 2017 | THROUGH 12 | 31 / 2017 |
| 1 ELECTION | ELECTION DATE Month Day Year X Primary | ELECTION TYPE Runoff Other | |
| | 03 / 06 / 2018 General | Description Special | |
| 2 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | DISTRICT CLERK | DISTRICT CLERE | (|
| | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME ERIC GARZ | 'A | 1 | 5 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---|---|---|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAN | IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES. | THOUT THE CANDIDATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI | |
| | 1 | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 24,570.00 |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, | \$ 2,498.03 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 10,034.06 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (ORTING PERIOD | PAY \$ 16,325.98 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | HE \$ 0.00 |
| | ENDA CARMELA CANTU COMMISSION EXPIRE August 26, 2018 P/SEALABOVE | true and correct and includes all info under Title 15, Election Code. | erury, that the accompanying report is reparted by me light of the reported by me light or officenolder |
| Sworn to and subsci | | | , this the |
| day of JANUAR | Y , 20 18 | to certify which, witness my hand and seal of office. Acada Cantu Mola | who blickortho St. At |
| 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 N | AME G arza | 20 Filer ID (Ethics Co | mmission Filers) |
|-----|---------|---|------------------------|--------------------|
| 21 | | JLE SUBTOTALS IF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 24,570.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE E: LOANS | | \$ |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 12,532.09 |
| 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. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | IDS | \$ |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER | ONS | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instruction Guide explains how | to complete this form. | 1 Total pages Schedule A1: 1 of 15 |
|-----------------------------------|--|---|--------------------------------------|
| 2 FILER NA | AME Eric Garza | | 3 Filer ID (Ethics Commission Filers |
| 4 Date | 5 Full name of contributor | out-of-state PAC (ID#: | _) 7 Amount of contribution (\$) |
| 09/02/2017 | Royston, Rayzor & Williams | | \$500.00 |
| | 6 Contributor address; | City; State; Zip Code | |
| | 55 Cove Circle | Brownsville, Texas 78521 | |
| 8 Principal | occupation / Job title (See Instructions) | 9 Employer (See Insti | ructions) |
| Date | Full name of contributor | out-of-state PAC (ID#: | _) Amount of contribution (\$) |
| 0/04/2017 | Ernesto Gamez, Jr. | | \$750.00 |
| | Contributor address; 127 Shoreline Dr. | City; State; Zip Code Brownsville, Texas 78526 | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instr | uctions) |
| Date 8/17/2017 | Full name of contributor | out-of-state PAC (ID#: | Amount of contribution (\$) |
| Colvin, Chaney, Saenz & Rodriguez | | iguez | \$1,000.00 |
| | Contributor address; 1201 E. Van Buren St. | City; State; Zip Code Brownsville, Texas 7852 | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instr | uctions) |
| Date | Full name of contributor | Out-of-state PAC (ID#: | Amount of contribution (\$) |
| ¥15/2017 | El Padrino Bail Bonds | | \$500.00 |
| | Contributor address; 1009 Fair Park Boulevard | City; State; Zp Code Harlingen, Texas 78550 | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instri | uctions) |
| | | | |

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 1 Total pages Schedule A1: 2 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 5 Full name of contributor Denton Navarro Rocha Bernal Hyde & Zech 08/04/2017 \$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) Full name of contributor Date Amount of contribution (\$) 08/18/2017 \$125.00 Maria Esther Sorola Contributor address; City; State; Zip Code 1999 W Jefferson St. Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#; Full name of contributor Date Amount of contribution (\$) 08/22/2017 Carlo Hernandez \$100.00 Contributor address; City; State; Zip Code 2965 East 13th Street Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/18/2017 \$500.00 Law Office of Phil Bellamy Contributor address; City; State; Zip Code 815 Ridgewood St Brownsville, Texas 78520 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 1 Total pages Schedule A1: 3 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza Leticia Barguiarena Attorney at Law 4 Date 7 Amount of contribution (\$) 08/24/2017 \$100.00 6 Contributor address; City; State; Zip Code 302 Kings Hwy #107 Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Rene O Oliveira State Representative 07/13/2017 \$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) out-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) 08/07/2017 \$1,000.00 Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code 35 Providencia Ct. Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 07/28/2017 \$100.00 Adams & Graham 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how | to complete this | s 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 Law Office of Adolfo E Cordox 6 Contributor address; 711 N Sam Houston Blvd | /a Jr. City; State | e; Zip Code o, Texas 78586 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instructi | ons) |
| Date 08/18/2017 | Full name of contributor Elizabeth V. Garza Contributor address; 2835 Boardwalk Ct | City; State Brownsville, | e; Zip Code | Amount of contribution (\$) \$150.00 |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructi | ons) |
| Date 08/18/2017 | Full name of contributor Jonathan Gracia Contributor address; 932 E Van Buren St | City; State Brownsville, | e; Zip Code | Amount of contribution (\$) \$1,800.00 |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruction | ons) |
| Date 08/22/2017 | Full name of contributor Dr. Lorenzo R. Pelly, MD Contributor address; 2300 Central Blvd | City; State Brownsville, | e; Zip Code | Amount of contribution (\$) \$500.00 |
| Principal occu | pation / Job title (See Instructions) | V-10-00-00-00-00-00-00-00-00-00-00-00-00- | Employer (See Instruction | ons) |
| | | - N | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| 4 Date 5 Full name of contributor Cout-of-state PAC (ID# | The | Instruction Guide explains how t | to complete this | s form. | 1 Total pages Schedule A1: 5 of 15 |
|--|-----------------|---|------------------|--------------------------|---|
| Dr. Balesh Sharma, MD 6 Contributor address; 330 Acacia Lake DR. Brownsville, Texas 78521 B Principal occupation / Job title (See Instructions) Date 7/10/2017 Date Contributor address; 805 Media Luna 620 Principal occupation / Job title (See Instructions) Date Pull name of contributor Contributor address; Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Date Contributor address; City; State; Zip Code Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Date Contributor address; City; State; Zip Code Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Date Contributor address; City; State; Zip Code Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) | 2 FILER NAME | Eric Garza | | | 3 Filer ID (Ethics Commission Filers |
| 330 Acacia Lake DR. Brownsville, Texas 78521 B Principal occupation / Job title (See Instructions) Date 7/10/2017 Marion R. Lawler Contributor address; City; State; Zip Code 805 Media Luna 620 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Amount of contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) \$500.00 |
| Date Full name of contributor out-of-state PAC (ID#: | | | • • | • | |
| Marion R. Lawler Contributor address; City; State; Zip Code 805 Media Luna 620 Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR STATE PAC (ID#: Amount of contribution (\$) The Green Law Firm Contributor address; City; State; Zip Code 34 S. Coria St Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) The Green Law Firm Contributor address; 34 S. Coria St Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) | | | out-of-state PAG | C (ID#:) | Amount of contribution (\$) \$500.00 |
| Date 103/2017 Full name of contributor | | · · | | | |
| The Green Law Firm Contributor address; 34 S. Coria St Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 06/2017 Full name of contributor Out-of-state PAC (ID#: | Principal occup | pation / Job title (See Instructions) | | Employer (See Instructi | ons) |
| 34 S. Coria St Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date /06/2017 Full name of contributorout-of-state PAC (ID#: | | | out-of-state PAC | C (ID#:) | Amount of contribution (\$) \$500.00 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) | | | • . | | |
| 06/2017 Dat-or-state PAC (10#: | Principal occup | pation / Job title (See Instructions) | | Employer (See Instructi | ons) |
| | | | 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) | Principal occup | pation / Job title (See Instructions) | | Employer (See Instructi | ons) |

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 6 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 07/05/2017 Alicia Hernandez \$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) Full name of contributor Date Amount of contribution (\$) 07/06/2017 \$100.00 Law Office of Edmund K. Cyganiewicz Contributor address; City; State; Zip Code 1000 E Madison Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) 07/10/2017 \$100.00 Hodge & James 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 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 07/07/2017 \$200.00 Eddie Lucio III 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

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

Forms provided by Texas Ethics Commission

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 8 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 07/12/2017 Javier Rivera \$100.00 6 Contributor address; City; State; Zip Code 1126 Planeta Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) 07/21/2017 \$250.00 Law Office of Helen O. Delgadillo Contributor address; City; State; Zip Code 955 E. Tyler St Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Full name of contributor Amount of contribution (\$) 07/11/2017 \$100.00 The Law Office of Larry Warner Contributor address; City; State; Zip Code 3109 Banyon Cir Harlingen, Texas 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/10/2017 \$200.00 Juan Manuel Martinez Contributor address: City; State; Zip Code Brownsville, Texas 78520 554 E Jackson 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 1 Total pages Schedule A1: 9 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 08/02/2017 Chester R. Gonzalez \$500.00 6 Contributor address; City; State; Zip Code 117 E. Price Rd Brownsville, Texas 78521 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#. Date Amount of contribution (\$) 08/17/2017 \$500.00 Dean Owen Contributor address; City; State; Zip Code 1905 N. Illinois Ave Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/09/2017 \$500.00 Atlas, Hall & Rodriguez Contributor address; City; State; Zip Code 50 W. Morrison Rd., Ste A Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 09/15/2017 \$1,500.00 Fernando Saenz Contributor address; City; State; Zip Code 1501 Mackenzie Weslaco, Texas 78599 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

out-of-state PAC (ID#:_

Amount of contribution (\$)

\$100.00

State; Zip Code 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 1 Total pages Schedule A1: 11 of 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eric Garza out-of-state PAC (ID#: 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 07/07/2017 Kantack Alcantara Law Office \$100.00 6 Contributor address; City; State; Zip Code South Padre Island, Texas 78597 4113 Padre Blvd 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) 07/10/2017 \$500.00 Mendez Law Firm Contributor address: City; State; Zip Code 647 E. St. Charles Brownsville, Texas 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) 09/05/2017 \$500.00 Juan C. Rodriguez Contributor address; City; State; Zip Code 6925 Laguna Del Rey Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/28/2017 \$50.00 Raul Lopez Contributor address; City; State; Zip Code 1106 E. 7th St. 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 1 Total pages Schedule A1: 12 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza out-of-state PAC (ID#:_ 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 09/15/2017 Cisneros South TX Law Group \$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 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 08/21/2017 \$200.00 Rene Abete 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 Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 09/15/2017 \$250.00 The Law Firm of Zayas & Zamora Contributor address; City; State; Zip Code 3100 E 14th St Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/31/2017 \$100.00 Aguilar & Zabarte Contributor address; State; Zip Code 990 Marine Dr. 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 1 Total pages Schedule A1: 13 of 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eric Garza out-of-state PAC (ID#:_ 4 Date 7 Amount of contribution (\$) 5 Full name of contributor 08/29/2017 Lisa Taylor Attorney at Law \$500.00 6 Contributor address; City; State; Zip Code 1906 E Tyler Ave, Suite F1 Harlingen, Texas 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID# Full name of contributor Date Amount of contribution (\$) 09/26/2017 \$1,000.00 Law Offices of Javier Villarreal Contributor address; City; State; Zip Code 2401 Wildflower Dr., Suite A Brownsville, Texas 78526 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) 09/20/2017 \$1,000.00 The Sanchez Law Firm Contributor address; City; State; Zip Code 501 E. Tyler Harlingen, Texas 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 09/08/2017 \$250.00 Asim Zamir Contributor address; City; State; Zip Code 2100 W. San Marcelo Blvd. #240 Brownsville, Texas 78521 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 1 Total pages Schedule A1: 14 of 15 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eric Garza 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 09/08/2017 Watts Guerra \$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) out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) 09/12/2017 \$250.00 Jones & Crane Attorneys Contributor address; City; State; Zip Code P.O. Box 3070 Brownsville, Texas Principal occupation / Job title (See Instructions) Employer (See Instructions)

out-of-state PAC (ID#:

out-of-state PAC (ID#:__

City;

City; State; Zip Code

Brownsville, Texas 78526

Employer (See Instructions)

Amount of contribution (\$)

Amount of contribution (\$)

\$270.00

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Brownsville, Texas 78521

State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Date

Date

08/01/2017

09/15/2017

Full name of contributor

Contributor address;

5156 N Expressway, Ste B

Full name of contributor

Contributor address;

302 Kings Hwy Ste 103

Samuel Guerrero

Principal occupation / Job title (See Instructions)

David Square

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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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)

| | 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) |
| Date 11/20/2017 | 5 Payee name CAMERON COUNTY DEMOCRATION | PARTY | |
| Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$1,250.00 | BROWNSVILLE, TX 78520 | | |
| 3 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | FILING FEES | Check if travel outside of Texe | • |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 08/01/2017 | FACEBOOK | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$200.00 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | ADVERTISING EXPENSE | Check if Austin, TX, officer | · |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 09/01/2017 | FACEBOOK | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$200.00 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | ADVERTISING EXPENSE | Check if ravel outside of Texas Check if Austin, TX, officeh | · |
| 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 1D (Ethics Commission Filers) 2 OF 10 **ERIC GARZA** 4 Date 5 Payee name 10/01/2017 **FACEBOOK** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$200.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE ADVERTISING EXPENSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/01/2017 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$200.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2017 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$200.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **ADVERTISING EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Travel Out Of District Legal Services Other (enter a category not listed above) 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** 3 OF 10 4 Date 5 Payee name 07/01/2017 **IBC** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$35.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE BANKING EXPENSE** OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 08/01/2017 IBC Amount (\$) Payee address; City; State; Zip Code \$30.00 Category (See Categories listed at the top of this schedule) 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 held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 09/01/2017 **IBC** City; State; Zip Code Amount (\$) Payee address; \$30.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **BANKING EXPENSE PURPOSE** OF Check if Austin, TX, officeholder living expense 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 F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Credit Card Payment

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

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

Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 OF 10 **ERIC GARZA** 4 Date 5 Payee name 10/01/2017 IBC 6 Amount (\$) 7 Payee address; Zip Code City; State; \$30.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE BANKING 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 11/01/2017 **IBC** Amount (\$) Payee address; City; State; Zip Code \$30.00 Category (See Categories listed at the top of this schedule) 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 12/01/2017 **IBC** 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 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 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: 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held |
| Date | Payee name | |
| 08/23/2017 | SAMS CLUB | |
| Amount (\$) \$425.00 | Payee address; City; State; Zip Code | |
| \$425.00 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT) | 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 | |
| 09/01/2017 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Total pages Schedule F1: 6 OF 10 | | 3 Filer | ID (Ethics Commission Filers |
|--|--|----------------------------------|------------------------------|
| | ERIC GARZA | | |
| Date 10/15/2017 | 5 Payee name WAL-MART | | |
| Amount (\$) | 7 Payee address; City; State; Zip Code | | ****** |
| \$468.52 | | | |
| | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | EVENT EXPENSE | Check if travel outside of Texa | , |
| OF EXPENDITURE | (CANDIES FOR COUNTYWIDE HALLOWEEN EVENTS) | Check if Austin, TX, office | holder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/13/2017 | WAL-MART | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$548.24 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | EVENT EXPENSE | Check if travel outside of Texas | • |
| EXPENDITURE | (ANNUAL THANKSGIVING DINNERS) | Check if Austin, TX, office | older living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 1/15/2017 | SAMS CLUB | | |
| Amount (\$) | Payee address; City; State; Zip Code | (80) | |
| \$421.25 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | EVENT EXPENSE | Check if travel outside of Texas | • |
| OF EXPENDITURE | (ANNUAL THANKSGIVING DINNERS) | L Check if Austin, TX, officel | older living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Gredit Gald 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 (\$) | 7 Payee address; City; State; Zip Code | |
| \$423.58 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE | EVENT EXPENSE | Check if Iravel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | (ANNUAL THANKSGIVING DINNERS) | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held |
| Date | Payee name | |
| 12/03/2017 | WAL-MART | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$398.47 | | |
| | Category (See Categories listed at the top of this schedule) | Description |
| PURPOSE | EVENT EXPENSE | Check if travel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE (ANNUAL CHRISTMAS TOY DRIVE) Check if Austin, TX, officeholder living e | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held |
| Date | Payee name | |
| 12/15/2017 | CAMERON COUNTY | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$200.00 | | |
| | Category (See Categories listed at the top of this schedule) | Description |
| PURPOSE | EVENT EXPENSE | Check if travel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | (ANNUAL EMPLOYEE | Check if Austin, TX, officeholder living expense |
| | CHRISTMAS PARTY) | |
| 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
Gradif Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Anthur a setting of the light of th

| Credit Card Payment | al Committee Legal Services Salaries/ The Instruction Guide explains how to | Wages/ContractLabor complete this form. | Other (enter a category not listed above) |
|---|---|---|---|
| 1 Total pages Schedule F1: 8 OF 10 | 1 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/19/2017 | 5 Payee name FRANCISCO HERNANDEZ | | |
| 5 Amount (\$) \$225.00 | 7 Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EGG SHELLS FOR EASTER 2018) | | 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 |
| Date 09/01/2017 | Payee name JOEL HERNANDEZ | | |
| Amount (\$) \$900.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE (GOLF TOURNAMENT 1ST PLACE) | | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 09/23/2017 | FRANCISCO HERNANDEZ | | |
| Amount (\$) \$210.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EGG SHELLS FOR EASTER 2018) | | lde of Texas. Complete Schedule T. TX, officeholder living expense |
| 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment | al Committee Legal Services SaiariesA The Instruction Guide explains how to | Wages/Contract Labor complete this form, | Other (enter a category not listed above) |
|---|---|--|---|
| 1 Total pages Schedule F1: 9 OF 10 | 1 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/01/2017 | 5 Payee name JOSE MARTINEZ | | |
| 6 Amount (\$) \$600.00 | 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 2ND PLACE) | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/21/2017 | FRANCISCO HERNANDEZ | | |
| Amount (\$) \$225.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE (EGG SHELLS FOR EASTER 2018) | I | utside of Texas. Complete Schedule T. 1, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 09/01/2017 | GILBERT CEDILLO | | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code | | |
| | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | | itside of Texas. Complete Schedule T. |
| PURPOSE OF EXPENDITURE | (GOLF TOURNAMENT 3RD PLACE) | Check if Austin | , TX, officeholder living expense |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| | (b) Description | Filer ID (Ethics Commission Filers | |
|---|--|--|--|
| y; State; Zip Code at the top of this schedule) | (b) Description | | |
| at the top of this schedule) | (b) Description | | |
| | (b) Description | | |
| | (b) Description | | |
| | | | |
| EXPENSE Check if travel outside of Texas. Complete Schedule T. | | | |
| EASTER 2018) | L Check if Austin, TX, officeholder living expense | | |
| name | Office sought | Office held | |
| | | | |
| P | | | |
| y; State; Zip Code | | | |
| | | | |
| at the top of this schedule) | Description | | |
| CONSULTING EXPENSE Check if travel outside of Texas. Complete Schedule T. | | , | |
| | Check if Austin, TX, | officeholder living expense | |
| ame | Office sought | Office held | |
| | | | |
| JP | | | |
| ; State; Zip Code | | | |
| | | | |
| at the top of this schedule) | Description | | |
| PURPOSE CONSULTING EXPENSE | | Check if travel outside of Texas, Complete Schedule T. | |
| | LI Check if Austin, TX, | officeholder living expense | |
| name | Office sought | Office held | |
| | UP //; State; Zip Code at the top of this schedule) ENSE | P y; State; Zip Code at the top of this schedule) ENSE Description Check if travel outside of the company o | |