# DAVID A. GARZA

### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Garza NAME Date Received CAMERON COUNT DEPARTMENT OF ELECTION NS & 4 CANDIDATE/ **VOTER REGISTRATIO** ADDRESS / PO BOX; APT / SUITE #; STATE: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN ZIP CODE **TREASURER ADDRESS** (Residence or Business) San Benito 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER (956) PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) July 15 Exceeded \$500 limit Final Report (Attach C/OH - FR) 8th day before election 10 PERIOD Month COVERED 01/2019 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Primary Other Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Commissioner

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	- '	. 18	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
* * * *	SPECIFIC		
	<b>8</b> # .7		
garger o gar		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE			
TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 15.00
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 309.09
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	<sup>AY</sup> \$ 20,864.19
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	s 0
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.  May 30, 2021			
Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said David A. Savza, this the			
clay of 711/4 , 20 19 , to certify which, witness my hand and seal of office.			
Motary Publicator			
alle mysely leligloon rater The State of level			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  David A Garza  20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	* 15.00
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 FUNDS	\$ 309.09
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	* O

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#; 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state Date Amount of contribution (\$) Contributor address; State; Zip Cogle Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Gode Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-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.

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME David A. Garza 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 8 Amount of 9 In-kind contribution 5 Date 6 Full name of contributor out-of-state PAC (ID#: Contribution \$ description 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See/Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Date Full name of contributor out-of-state PAC (ID Contribution \$ description Contributor address; City; State; p Cogle Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule B:
2 FILER NAME David A. Go	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
5 Date 6 Full name of pledgor ☐ out-of-state PAC (ID#:	
7 Pledgor address; City; State; Zip	Code .
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation Job title (See Instructions)	Employer (See Instructions)
Date Full pame of pledgor. Ucut-of-state PAC (ID#:	Amount In-kind contribution of Pledge \$ description
Pledgor address; City; State; Zip	Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount of in-kind contribution Pledge \$ description
Pledgor address; City; State; Zip	Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description
Pledgor address; City; State; Zip	Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF T	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing 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 Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Davin 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 \_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City State; Zip Code Amount (\$) addiess; Payee. Category (See Categories listed at the to of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Community Bark Jan. - 2019 June - 2019 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE <b>E</b>
Th	e Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule E:
2 FILER NAME	David A.	Garza	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	INITEMIZED LOANS	<b>/</b> ·	\$
5 Date of loan	7 Name of lender ☐ out-of-stat	te PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City:	State; Zip Code	10 Interest rate
Y N		// /	11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	ıllateral	15 Check if personal funds were account (See Instructions)	deposited into polítical
6 GUARANTOR INFORMATION	17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable	)		
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	<u> </u>
Date of loan	Name of lenderout-of-state	:e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N	V		Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	I
Description of Coll	lateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	<u>                                     </u>		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NE	:EDED
If I	lender is out-of-state PAC, please see ir	nstruction guide for additional re	porting requirements.

### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Poliing Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INC JRRED OBLIGATIONS 6 Payee name 5 Date 8 Payee address; State; Zip Code 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE 10 (a) Category (See Ca legories listed at the top of (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Description

Office sought

Check if travel outside of Texas, Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

**PURPOSE** 

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F3

T	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	David A. Garry	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	Sity; State; Zip Code
		· 
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Ci	ity; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
		·
·		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# **EXPENDITURES MADE BY CREDIT CARD**

# SCHEDULE F4

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense	Fees Office Overhead/Rental Expense Trans	ation/Fundraising Expense portation Equipment & Related Expense In District	
Contributions/Donations Made E Candidate/Officeholder/Politic	By Gift/Awards/Memorials Expense Printing Expense Trave	Out Of District (enter a category not listed above)	
	The Instruction Gulde explains how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME David A Garra	ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE	Check if fravel outsky	le of Texas. Complete Schedule T.	
OF Expenditure	Check if Austin, T	X, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule)  Description		
PURPOSE		ie of Texas, Complete Schedule T.	
OF Expenditure	Check if Auetin, T	X, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Cift/Awards/Memorials Expense Legal Services Loan Repayment/Fielmbursement Office Overhead/Rental Expense Poilling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Others (enter a extension not listed shows)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salane  The Instruction Guide explains how t	o complete this form.	
Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 G/G	Candidate / Officeholder name OH	Office sought Office held	
Date .	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	·	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# Reimb, Next Report SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 1-8-Reimbursement from political contributions intended 8 **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Li Check if Austin, TX, officeholder living expense Candidate:/ Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Amount (\$) , Reimbursement from political contributions . intended (b) Description **PURPOSE** \_\_ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Reimbursement from political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

# SCHEDULE G

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

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

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

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

Solicitation/Fundralsing 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 5 Payee name 7 Payee address; political contributions (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Beimbursement from political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) RURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; ip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. \_i 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 Business name Business address; City; State; Zip Søde Amount (\$) Category (See Categories listed at the top of his schedule) description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name City; State; Zip Code Amount (\$) Business add ess: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE !

The instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME  David A Gavza  3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  (b) Description (See instructions regarding type of information required.)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)  Description (See instructions regarding type of information required.)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding type of information required.)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding type of information required.)		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

# SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAME	2 FILER NAME  3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State	8 Amount (\$) te; Zip Code		
	7 Purpose for which amount is received Check	if political contribution returned to filer		
Date /	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	Amount (\$)		
	Purpose for which amount is received Check	if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Stat	te; Zíp Code		
	Purpose for which amount is received Check	if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Sta	tte; Zip Code		
	Purpose for which amount is received Check	if political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				