# DAVID 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/ МІ OFFICE USE ONLY **OFFICEHOLDER** NAME Date BEFFIXEDMENT OF ELECTRICAL VOTER REGISTRATION 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE JUL 11 2022 **OFFICEHOLDER** Lake-View n MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 261-8257 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN **TREASURER** 399-1292 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 18/22 THROUGH **ELECTION DATE** 11 ELECTION ELECTION TYPE Primary Runoff Other Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

OWINI WIOI		
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$5780.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ -O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
		$\mathcal{L}_{I}$
		//
	Talled >	
	Signature of Can	ndidate or officeholder
	· ·	
	Please complete either option below	·s
	reduce complete citater option below	•
San victoria professionis		
. 1137		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/// DELIA RODRIGUEZ	
3077	Notary Public, State of Texas	
	Comm. Expires 08-23-2024	
(1) Affidavit	Notary ID 129099143	
1		
Name and the second sec	999	
		•
NOTARY STAMP/SEA		/
TO THE CONTRACT OF		11th July
	before me by UNVIA TUVZA this the	
Swom to and subscribed	before me by this the _	day of,
-0.02		J
20 , to certify	which, withless my hand and spal of office.	
11 70 0	1 alle / Dillin X add Could?	NI)tary tublic
NULL-a	CO Y VIVIN POULDAND	14014
Signature of officer administe	ring cath 💚 Printed name of officer administering oath	Title of officer administering oath
		William Commence of the William Commence of the
	OR	
(2) Unsworn Declarati	on	
(m) GitCHOID DOUBLE	<b>▼</b>	
My name is	, and my date of birth is	
iviy address is		
	(street) (city) (st	tate) (zip code) (country)
	• • • • • • • • • • • • • • • • • • • •	20
Executed in	County, State of , on the day of (month)	, 20 ) (year)
	(month)	(year)
i		
	Signature of Candid	ate/Officeholder (Declarant)
	*	

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>P</b>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ \$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS $5630,4$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	contributions \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 160.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$ \$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ -P
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT Include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Ovid Garza	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
1/18/22	Uneburger Goggan Blair Sumpson UP.  6 Contributor address; City; State; Zip Code  1. Bot 17428  QUSTIN TY	\$500.00			
0	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)			
$\mathcal{U}$	Horneys				
Date	Full name of contributor	Amount of contribution (\$)			
1/25/22	Contributor address; City; State; Zip Code  1001 N. Shore  San Benity, TX 18684	250,00			
	/)	cions)			
Jo	lettred				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
2/4	Raynalds + anna Celiac Rudsiguez  Contributor address; City; State; Zip Code  21500 Timothy  Sun Benito, TV 78584  Detroit of title (See Instructions)  Employer (See Instructions)	100.00			
Principal occup	Date ( Gos Manuel )	tions)			
	Ketica				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
2/14	Derrik Salings atty at law pull  Contributor address; City; State; Zip Code  10125 104h St  Mc allen, TY 18504	500. W			
	pation / Job title (See Instructions) Employer (See Instructions)	ions)			
$\mu$	Horney'				
	· management of the contraction				

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:
FILER NA	AME	3 Filer ID (Ethics Commission Filers)
Date  A   25  Principal of	5 Full name of contributor out-of-state PAC (ID#:	p Code 600.
	Funeral Director	
Date	Full name of contributor	Amount of contribution (\$) p Code
Principal o	ccupation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
Principal o	ccupation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip	
Principal oc	ccupation / Job title (See Instructions) Employer	(See Instructions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting require

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME D'AVIA. Crarza		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/22	5 Payee name DeSig	1115	
381.04	7 Payee address; 140 6 5. Palm Co Harling en Ty	78550	State; Zip Code
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	^ / ·
PURPOSE OF	51gn3	TIP	Posts.
EXPENDITURE	0,9,,,		
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name -}	Office sought	Office held
Date	Рауее лате		
2/14	Valley Morning	19 Star.	
Amount (\$)	Payee address;	City;	State; Zip Code
550,00	1400 E. Nolana Mcallen	TY 178504	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	advertising.	***************************************	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
D-4-	Pausa nama		
2/17/13	Payee name  In Iloa Millin	u Star	
Amount (\$)	Payee address;	, City;	State; Zip Code
550,00	1400 E. Nolan.		,
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	a duertising.		
	Check if travel outside of Texas, Complete Scher	dule T. Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS MEE	nen
	AT MOTTAPPITIONAL OUT ES OF	THIS SOURDOLL AS IVEE	

# LOANS

# SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	* *		
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
YN			Tr Materity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	t
14 Description of Col	ateral	15 Check if personal fund	is were deposited into political
none		account (See Instruct	ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			!
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan		PAC (ID#)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
, mopal company	(See Meadonally)	, , , , , , , , , , , , , , , , , , , ,	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zîp Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

# LOANS

# SCHEDULE E

II die requeste	ed information is not applicable, DO NC	Ji include this page in the re	por.
The	e instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-state	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	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	[atera]	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colls	iteral	Check if personal fund account (See instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
usi Oram u.o		J	
	Guarantor address; City;	State; Zip Code	
not applicable  Principal Occupation		State; Zip Code  Employer (See Instructions)	

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# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wadas/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed shove)

Confributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DAVIDE	3 Filer ID (Ethics Commission Filers)
4 Date / 18/22	5 Payee name Busigns.	
6 Amount (\$) 991, 57	7 Payee address: 140 5 5 Palm Pourt Harlingen Ty	178560
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Signs	
	(c) Check if trave) outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/19/22	Mc Coys	-
Amount (\$)	Payee address; Industrial Wa	City; State; Zip Code
45.45	Sun Bento, T	4 18586
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche <b>d</b> ule)  SignS	wooden Stakes
	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	
1/19	Tractor Supply	
Amount (\$) 85, 90	Payee address; 901 Fm 509 Su n n + VIC	City; State; Zip Code
000 / 1	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Signs	T- Posts.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## **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 Lenal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wades/Contract Labor Solicitation/Fundratsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Ottos (which as extension pot listed shows)

Candidate/Officeholder/Politica		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 FILER NAME DANS & CTAYZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name  MC COUS	
6 Amount (\$)  43, 47	7 Payee address; 1701 Industrial W Sun Benito,	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Signs	word Posts.
	(c) 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/Ol-	Candidate / Officeholder name ł	Office sought Office held
Date	Рауее пате	and the second s
9/9	San Benito Ne	WS.
Amount (\$)	Payee address; BUX 1791	City; State; Zip Code
280.00	San Benito	TY 78584
	Category (See Catagories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	adjertising.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/19.	S. B Wings.	
Amount (\$)  227. 10	Payee address: 498 E. Bus. 77 Sun Ben, to, T	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Ford / Beveragerse	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## **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/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (subtral a retaining not listed shows)

Contributions/Donations Made B Candidate/Officeholder/Politics Credi Card Payment	l Committee Legal Services	Printing Expense Salaries/Mages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILERNAME L CHAIZU		3 Filer ID (Ethics Commission Filers)
4 Date 2/2 4	5 Payee name DeSinn	5.	
6 Amount (\$)	7 17	- 1 Chr	State; Zip Code
238.15	1405 S. Palm Harlinger	TV 18556	"
8	(a) Category (See Categories listed at the top of this	chabule) (b) Description	
PURPOSE OF EXPENDITURE	51905.		
	(c) Check if travel outside of Texas, Complete So	hedule T. Check if Austin	ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее лате		
5/11	David Ctarza  Payee address: Lake VIec		
Amount (\$)	Payee address; LakeVI-li	υη City;	State; Zip Code
1857.59	Sun Ben, to	) TY 7858	4.
	Calegory (See Calegories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	woar Repayment		
	Check if travel outside of Texas. Complete Sc	hedule 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		
3/15/22	Jan Benito Yout	1 Baseball	
Amount (\$)	Payee address;	City;	State; Zip Code
350,00			
	Category (See Categories listed at the top of this sci	nedule) Description	
PURPOSE OF EXPENDITURE	Ponatto no		
	Check if travel outside of Texas. Complete Sch	edulaT. Check if Austin.	TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEED	DED

# **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

## **EXPENDITURE CATEGORIES FOR BOX 10(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 Politing Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (exter a category not listed shows)

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CANZ W 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 5 Date 7 Amount (\$) Zip Code State: TYPE OF Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Ford / Beverage Expense PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; 7 Payee address; State: Zip Code Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City: State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES	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 The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G: 2 FILER NAME					3 50 - 15 (545-			
	E   Immediate	UVIE			3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee nan	ne						
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code		
Reimbursement from political contributions intended	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this sci	chedule)	(b) Description				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				ı, TX, officeholder living e:	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee nam	не						
Amount (\$)	Payee add	ress;		City;	State;	Zíp Code		
Reimbursement from political contributions intended	!			•				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sof	hedule)	Description	Water and the state of the stat			
	Check if travel outside of Texas, Complete Schedule T. Check if Austi			, TX, officeholder living ex	pense			
Candicate Candicates C		ste / Officeholder name		Office sought	(	Office held		
Date	Payee nam	е						
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top of this sch	redule)	Description				
	Ch:	eck if travel outside of Texas. Complete Scheo	edule T.	Check if Austin,	TX, officeholder living exp	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	te / Officeholder name	(	Office sought	(	Office held		
	ATTAC	HADDITIONAL COPIES OF	THIS SC	HEDULE AS NEEDF	ΞD			

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	m.					
1	C/OH1	David Garza	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Office holder							
4		WHO IS NOTAN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	•					
-	Α.	CAMPAIGN FUNDS						
	Chec	conty one:						
		I do not have unexpended contributions or unexpended interest or income earned from	om polítical contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.						
	В.	ASSETS						
	Check	only one:						
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
			gnature of Candidate					
		HOLDER						
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	nature of Officeholder					

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