CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	, MI	OFFICE	USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received	
	GARZA			
4 CANDIDATE/ OFFICEHOLDER MAILING		CITY; STATE; ZIP CODE	07-17-17P0	14:30 RCVD
ADDRESS Change of Address	PO BOX 100597 SAT			T-DD NOVE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	(210) 355 - 8565 MS/MRS/MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	MRS GRACE		Date Processed	
	NICKNAME LAST VILLERA	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	3715 SUNSH	INE RANCH		
(Residence or Business)	SAT	78228		141
	AREA CODE PHONE NUMBER			
8 CAMPAIGN TREASURER PHONE	(210) 834-4962	EXTENSION		
	*			0
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after treasurer app (Officeholder	pointment
e e	July 15 8th day before elec	ction Exceeded \$500 limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
12-354 SS W Streen	1/1/17	тняоиен 6	30 17	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
e e	Month Day Year Primary	Runoff Other Description		
	5 /e /17 General	Special SALS	DD DIST	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	r	4
9	SAISO BOARD District 7	и		
	GO ТО І	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

· · · · · · · · · · · · · · · · · · ·					
14 C/OH NAME		15 FII	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	L	COMMITTEE ADDRESS			
	SPECIFIC	SOMMITTEE ADDITES			
		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 ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 11,161.96		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 11,161.96 \$ 605,50 \$ 11,870.46		
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE BY OF THE REPORTING PERIOD (Reinhusperts)	\$ 11,870.46		
18 AFFIDAVIT					
ANG A Notary F Comm.	GELA M GUERRA Public, State of Texc Expires 02-04-201 TY ID 125567117		on required to be reported by me		
AFFIX NOTARY STAME	PISEALABOVE				
		CA house	1-7		
Sworn to and subscr	ibed before me, b	by the said <u>Ed Garz</u>	_, this the		
day of Jum 17, 2017, to certify which, witness my hand and seal of office.					
has line	M. In	- Annala Manin En	WOULD GINLAMAN		
Signature of officer ad	dministering oath	Printed name of officer administering oath	itle of officer administering oath		

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8,302,45
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 FUR	NDS	\$ 2,859.46
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 CONTRIBUT RETURNED TO FILER	TIONS	\$

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 (\$) City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Manager out-of-state PAC (ID#: Date Amount of contribution (\$) 00 Principal occupation / Job title (See instructions) Employer (See Instructions) out-of-state PAC (ID#; Date Amount of contribution (\$) 60 Date Full name of contributor out-of-state PAC (iD#; Amount of contribution (\$) Contributor address; 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ED CARZA	,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
1-11-17	RTTZ Carlton		
6 Amount (\$)	7 Payee address; City; State; Zip Code	Λ	
104.00	100 W. Olympic Blue	el .	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin	, TX, officeholder living expense
271 211011011	210101 2 4		•
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	The World Lab
1-11-17	FED EX OFFICE		
Amount (\$)	Payee address; City; State; Zip Code		
301,96	4418 bruadway SA	T 78209	•
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	_	<u></u>	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Printig Expense	Check if Austin,	, TX, officeholder living expense
	The second		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		-
1-13-17	RITZ CARETON		
Amount (\$)	Payee address; City; State; Zip Code		
Ø6.00	710 W. Olympic bus) Los Az	els, CA 90015
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			tside of Texas, Complete Schedule T.
EXPENDITURE	FOOD EXPENSE	Check if Austin	, TX, officeholder living expense
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Water was a state of the state	Opendidate / Office helds	Office	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting 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 Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Pour BKNENSE **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name PITZ - CARLETON vee address; City; State; Zip Code Amount (\$) 710 W. OLEMPIC BLUD LOS AGELE, CA 90015 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 PROD BRUENSE **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date . Iw Marrott Payee address; City; State; Zip Code 900 w. Olympic Hud Description Check If travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Travel outside District EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXP	ENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Award:	rage Expense s/Memorials Expense	Office Over Polling Exp Printing Exp		Travel in District Travel Out Of Distr	pment & Related Expense
Credit Card Payment	The Inst	ruction Guide explain	s how to co	omplete this form.		
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4 Date 7	5 Payee name	- T		W1100-7	WANTE WASHING B.	Marie Marie -
6 Amount (\$) 155, 87	7 Payee address;	City; State; Z	ip Code	-		
8 PURPOSE OF EXPENDITURE	(a) Category (See Calego	ories listed at the top of this s	chedule)		utside of Texas. Complete n, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	eholder name		Office sought		Office held
Date	Payee name					
1-19-17	FEDEX	COPFICE)			
Amount (\$)	Payee address;	City; State; Z	ip Code			
393,71	4418	Broadwa	y 51	AT 7820C	?	
PURPOSE OF EXPENDITURE		tries listed at the top of this s	·	r1	tside of Texas. Complete : , TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office held
Date	Payee name					-
1-20-17	Chris	Modrid	<u>S</u> _			
Amount (\$)	Payee address; 1900 B Sun A	City: State; Z Lanco Rd Intone TX		217		·
PURPOSE OF EXPENDITURE		ries listed at the top of this s	·		itside of Texas. Complete:	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officehokter/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense OGIO Overlea EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Yard House Payee address; City; State; Zip Code 15900 La Cantra Pky SO,72 San Antonio TX 78256 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense POOD EXPENSE EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 909 Broadway SAT 78215 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct 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 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME	L. C.	3 Filer ID (Ethics Commission Filers)
17	ED GARZA		
4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State; Zip Code	^	
2- 112	3567 Frederickshuy (1	D.	
226.00	3567 Frederickshuy (L SAT 78201		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	itside of Texas. Complete Schedule T.
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EXPENDITURE	Office Overlead	***	,
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name	The state of the s	
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Ainouri (\$)			
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100.2)	SAT 762090	4 · · · · ·	
	Category (See Categories listed at the top of this schedule)	Description	
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	Monthy Experse	4	
	Condidate / Office helder some	046	Office
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		-
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2-2-11	THEMMS JEFFERSON	J ATHLET	TIC BOOSTER
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164.50	100 (30) RO(330)		•
10-1-0	Category (See Categories listed at the top of this schedule)	Description	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit G/OF	1		
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	ATTACH ADDITIONAL COPIES OF THIS	SUMEDULE AS NEE	:UEU

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date (a) 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 Event Expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 2-6-17 Payee address; City; State; Zip Code Amount (\$) 68.56 78209 San Antonio, TX Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense FOOD Expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date City; State; Zip Code Burdera Rd 78228 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense TOOD EXPENSE **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (only a colorogy and listed shows)

Credit Card Payment	The instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ED GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 2 14-17	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code 21(8 Frederickship Rd		
75.71	SAT 78201		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel out	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	I	n, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-15-17	RIGHTSPACE STOR	AGE	
Amount (\$)	Payee address; City; State; Zip Code	00	
176.00	RIGHTSPACE STOR, Payee address; City; State; Zip Code 3567 Frederickshy SAT 78201	(CEV)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OHO OVEVLE C. J	Description Check if travel outs	tside of Texas. Complete Schedule T. , TX, officeholder living expense
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175.79	Pallos, Texase		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** EXITENS P Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Payee address; Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Food Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Git / Awards toxperal 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 190,79 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Office Overhoa EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Goff/Award Expense ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedu Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name 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

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 (capture peterson and listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sala	ries/Wages/Contract Labor Other (enter a category not listed above)
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6 Amount (\$)	7 Payee address; City; State; Zip Co	
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100	San Antonia, 7	
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description
PURPOSE OF EXPENDITURE	6 Ht /Award Expans	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE		·
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
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Amount (\$)	Payee address; City; State; Zip Cod	de
176.00	3567 Frederickshy SAT 78201	g Rel
	Category (See Categories listed at the top of this schedule	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	- (1 0	Check if Austin, TX, officeholder living expense
EXPENDITURE	Office Overlean	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3-15-17	USLA	
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201 00	PO BOX 100897	SAT 78201
	Category (See Categories listed at the top of this schedule	e) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense
411,211		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 2643 NW LOOD 410 78230 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Licheck if Austin, TX, officeholder living expense Event Expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 3-27-17 FED EX OFFICE Amount (\$) City; State; Zip Code Broadway SAT 1920 74.69 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Printry Experse Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Pavee name Date City; State; Zip Code Pallas, Texas Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense office Overhoo EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME FD GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 4-3-17	5 Payee name Cheesecake Factory	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 Amount (\$)	7 Payee address; City: State; Zip Code 1400 San Delvo San Antono, TX 1	9216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Favor texpende	1 -	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
4-18-17	milberger		
Amount (\$) 220 29, 44	Payee address; City; State; Zip Code 39 20 N Loop 1 604 E SAT 18247		,
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) URN TOXALLER TO THE		tside 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		
4-25-17	RIGHTSPACE STOR	AE	
Amount (\$)	Payee address; City; State; Zip Code 3567 Frederics by Re Seen Antonio, H	d 1820 (
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Check If travel out	tside 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Polling Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense

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

Credit Card Payment	The instruction Guide explains how to c		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ED GARZA	. 3	Filer ID (Ethics Commission Filers)
4 Date 5-8+17	5 Payee name FED FIC OFFICE		
6 Amount (\$) 396,09	7 Payee address; City; State; Zip Code HH18 BYOadlus SAT 78209	·	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Punty Experse	l - 1	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
5-15-17 Amount (\$)	Payee address; City; State; Zip Code	a	
204,50	2002 Frelucish SATT820	god	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT / POON EXPERSE		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-15-17	MILBERGER	, , , , , , , , , , , , , , , , , , ,	
216,06	Payee address; City; State; Zip Code 3920 N Loop 1604E SAT 78247		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT BXP67-30	} 	e of Texas. Complete Schedule T. K, 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 NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor 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 Fliers) 4 Date-5 Payee name 7 Pavee address; 1900 one, TX 78212 (a) Category (See Categories listed at the top Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Light Check if Austin, TX, officeholder living expense PODD EXPLOSE EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date CARCIA BLOCK PULC Payee address; City; State; Zip Code 3011 Nacystocles Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF CONSULTING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 156.41 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Printy Experse Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officehokler/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 Date 5 Payee name 20 MOV 7 Payee address; 6.00 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, afficeholder living expense OF Advertisy Expere **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Right Space Storage Payee address; City; State; Zip Code 3567 Fredericks by Rd SAT 78201 Amount (\$) Description Check if travel outside of Texas. Complete Schedule T, **PURPOSE** OF 10 Ches Overles Check if Austin, TX, officeholder fiving expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name LUBYS City; State; Zip Code SAT 7812 AVC. Main 45.00 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** FOOD HXDENSE 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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials 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) 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) 4 Date City; State; Zip Code 3200 Fredericsby Rd SAT 78Zel 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense TON EXDENSE EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit G/OH Payee name Chick-Fil-A
Payee address; City; State; Zip Code 6038 FM 3009 500 FT TV 78154 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense FOOD EXPENSE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** FOOR EXPLOYET 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 Gitt/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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Nages/Contract Labor Other (enter a category not listed above)	
aronous aymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		_
6-2017	LONE STAR NATION	VAC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	- 4	
	1954 Fredericksbn	Rd .	
41.00	LONE STAR NATION 7 Payee address; City; State; Zip Code 1954 Fredenckshy SAT 18229		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	many many	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	F663	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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	Category (See Categories listed at the top of this schedule)	Description	
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OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
LA LABITORE			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
oxponditure to bonem cross	•		
Date	Payee name		=
1			
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	\dashv
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
**************************************	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) ED CARTA 5 Payee name 4 Date GREEN 1-10-17 6 Amount (\$) City; State; Zip Code E. Grayson Reimbursement from SAT 78205 political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF FOOD BILLIEUSE EXPENDITURE Licheck if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held San Antonio International Aurport Parky Payee address; City; State; Zip Code 9800 Airport Blud political contributions PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE TRAVEL __ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) SMASHBURGER Payee address; City; State; Zip Code Reimbursement from political contributions 1011 S. Figueroa Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. FOOD EXPENSE **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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date -12-17 60,11 Reimbursement from political contributions intended (b) Description 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 38.35 Reimbursement from political contributions **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE FOOD EXPENSE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name ellow Cab ddress; City; State; Zip Code 1-15-17 Amount (\$) Angeles, California political contributions **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Candidate / Officeholder name Licheck if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursem Feas

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
Others (Autor a settlement of the Control of the Cont

Candidate/Officeholder/Politi	•	alaries/Wages/Contract Labor Other (enter a categor	y not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics	Commission Filers)
\cap	BO GARIA		
4 Date	5 Payee name		
2-24-17	Pancalle bes		
6 Amount (\$)	7 Payee address; Clty; State; Zip Co	ode	
11.89 Reimbursement from	1011 Donatolson		
political contributions intended	San Antonia TX	72228	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	· ¬	
OF	72-1	Check if travel outside of Texas. Complete Schedu	
EXPENDITURE	Fron Expense	Check if Austin, TX, officeholder living exper	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit O/	0.11		
Date	Payee name		
3-3-17			
Amount (\$)	Payee address; City; State; Zip Co	ode	***************************************
4 74	555 5. Basse	·	
Reimbursement from		4	
political contributions intended	San Antonio, TX	78209	
	Category (See Categories listed at the top of this schedul		
PURPOSE OF		Check if travel outside of Texas. Complete Schedu	е Т.
EXPENDITURE	FOOD EXPENSE	Check if Austin, TX, officeholder fiving exper	888
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
3-22-17	Chris Madrids	•	
Amount (\$)	Payee address; City; State; Zip Co	ode	
65,90	1900 Blanco Rd		
Reimbursement from political contributions		. 70717	•
intended	Jan Antonio,	x 78212	*****
PURPOSE	Category (See Categories listed at the top of this schedul		
OF	T	Check if travel outside of Texas, Complete Schedul	
EXPENDITURE	FOOD EXPLENCE	Check if Austin, TX, officeholder living exper	1\$8
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	IIS SCHEDI II E AS NEEDED	
	AT IACTIADDITIONAL COPIES OF []	IIO GOTIEDULE AG NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 5 Payee name 815 Bandera Reimbursement from political contributions intended 8 (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. FOOD BELLENSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 758,55 Reimbursement from political contributions PURPOSE Check if travel outside of Texas. Complete Schedule T. OF FOOD EXPENSE EXPENDITURE ___ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Ma Ma's Cafe Payee address; City; State; Zip Code 4-15-17 Amount (\$) 2442 Nacog doches Sar Antonio, TX78217 Category (See Categories listed at the top of this schedule) (b) Description Reimbursement from political contributions intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF FOOD EXPENSE **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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office-holder/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

Candidate/Officeholder/Politi	,	aries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 FW 1D (FW)
lotar pages scriedule G.	= 6107A	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
4-20-17	Lowes	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
(65,2)	1901 Callaghan Rd	
Reimbursement from political contributions intended	San Antonio, TX	78229
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Every Expense	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office sought Office held
Date	Payee name	
4-26-17	BEST BWY	
Amount (\$)	Payee address; City; State; Zip Coo	de
1,709,23	125 NW LOOP 41	0
Relmbursement from political contributions	, ,	
intended	San Antonio, TX	78216
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Cittle Over Nead	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office sought Office held
Date	Payee name	
5-5-17	Little Red Barn	
Amount (\$)	Payee address; City; State; Zip Cod	le
33,27	1902 Hack berry	
Reimbursement from political contributions		702
intended	Jan Antonio, IX	78210
PURPOSE	Category (See Categories listed at the top of this schedule)	
OF EXPENDITURE	Can Brown	Check if travel outside of Texas. Complete Schedule T.
	FUM EXPUNSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 County Live 7 Payee address; City: State 10101 Interstate 10 Reimbursement from political contributions San Antonio, TX 78230 8 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF FOUN EXOTENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 5-11-17 Coarcias Distarant Payee address; City; State; Zip Code Amount (\$) 842 Frederickshy Rel. Reimbursement from political contributions intended intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF FOUR EXMENSE EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name Payee address; City; State) Zip Code 5-2017 Amount (\$) +2, 60 Relmbursement from 326 Main Plaza political contributions San Antonio, TY 78.205 Category (See Categories listed at the top of this schedule) (b) Description intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Transportation Candidate / Officeholder name EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code 5-21-17 6 Amount (\$) 94.08 Reimbursement from political contributions 7901 Callaghan Rd. San Antonio Tx 78229 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Event Expense Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 6-5-17 1900 Blancold. San Antonic, TX 78217 Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** POOD EXPENSE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Ma Ma'S Cafe Payee address; City; State; Zip Code 6-17-17 Amount (\$) 2442 Nacogdoches Road San Antonio, TV 78217 Category (See Categories listed at the top of this schedule) (b) Description political contributions PURPOSE ____ Check if travel outside of Texas. Complete Schedule T. OF FOOD Baperse EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					
2 FILER NAME ED GARZA				3 Filer ID (Ethics Commission File	ers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	diture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	ichedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H		Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling ARZA			
1-11-17	l	name of departure local		1977 A. 4 S. T. A.	
1-17-17	9 Destination city of	name of destination lo	cation	774-40	
	105	angeltes	>		
10 Means of transportat			name of conference, se	eminar, or other event)	
B16				NT/MEETINGS	44,444
Name of Contributor	/ Corporation or Labor	Organization / Pledgor /	Payee		
JW	Marriott		·		
Contribution / Expend	diture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	chedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(100		,	
1-11-17		ASCAT name of departure locat	don	**************************************	
• •	SAN	SAN ANTONIO			
1-17-17		name of destination lo	cation		
	1e5 A	HOGELES			
Means of transportat			name of conference, se	eminar, or other event)	
AR/CAR				MEETING	
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
GREEN	, ALLPORT	PARKING,	SMASHBURLE	GPALM, CARILLA,	host CAA
Contribution / Expend	,	<u> </u>	7,11,12	- prisery critically	PETROU CHIL
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D S	chedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(s	$\cdot \wedge \wedge$			
1-11-17		AICH name of departure locat	ion		
1-17-17		ANTON 10 name of destination los			
, , , ,			Cation		
Means of transportat		NCECTE	nom n of f -		
ovieans of transportati	_	and the second	name of conference, se		
WIR/CAC	5 T	undrafe st	LEVAUT/	MEETINGS	***************************************
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Etbics Commissio	n Filers) ARTA	2 Total pages filed:	OFFICE	JSE ONLY
3	OFFICEHOLDER NAME	MRS/MR FIRST MR ED KNAME LAST	MI SUFFIX	Date Received	М.
4	ORIGINAL REPORT TYPE	30th day before election 15th app	eeded \$500 limit day after treasurer pointment (officeholder only)	O7-17-17PO	
		8th day before election Fina	al report	Receipt #	Amount \$
5	ORIGINAL PERIOD NO COVERED	Month Day Year	Month Day Year	Date Processed	
	F	7/3/1/h TH	ROUGH 12/31 /16	Date Imaged	1,
		CTION FROM SCHEPULE & OO TO EDWARD GA	A POLITICAL EXPENDIT HRZA FOR PARTIAL LOAN I WEL SHEET PG 1-3 ARE ATT	CURE OF REDAYMENT/PE ACHED.	3I <i>m Aun ઉઝ્જાઇ</i> ન્ટ્
7	AFFIDAVIT		or affirm, under penalty of perjury, t true and correct.	that this correcte	ed ,
	,	Check O	NLY if applicable:		
		made in	nual reports: I swear, or affirm, th good faith and without an intent t information contained in the repo	o mislead or to	
	Notary Publ Comm. Exp	A M GUERRA that the report not affirm,	eports: I swear, or affirm, that I of later than the 14th business day eport as originally filed is inaccurate, that any error or omission in the de in good faith.	y after the date te or incomplete	I learned . I swear,
	AFFIX NOTARY STAMP /	SEAL ABOVE	Signature of Candidate or O	fficeholder	
4	Sworn to and subscribed before 20, to certify which, signature of officer administrations.	, witness my hand and seal of offic	e.	1_day of_Tw and a Center Title of officer	MSY administering oath
	Remen	nber To Attach Any Par	t Of The Campaign Finance Re	port Form	

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr. ED		Date Received	
	NICKNAME LAST	SUFFIX		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS			01-17-17F	04:42 FILE
Change of Address	P.O. BOX 100597	SAT 7820 (
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	(210) 355-85 MS/MRS/MR FIRST	65 MI	Receipt #	Amount \$
TREASURER NAME	MS. GRACE.	mi	Date Processed	Zinouji y
		SUFFIX	Date Imaged	
	UILLERR			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	NTEN: CITY: STATE; ISIAINE RANG	ZIP CODE	
(Residence or Business)	2/15 3ux	1211110 C) (1777)0C	~ (~	
	SAT	78728		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (Z)O) 834— 46	EXTENSION PGD		
9 REPORT TYPE	January 15 30th day before ele	ection Runotí	!5th day alt treasurer ap (Officeholder	
	July 15 Sith day before elec	dion Exceeded \$500 limit	Final Report	(Allach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	7/1/16	тняочен (2/	31/16)
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary 5/6/17 General	Runoff Other Description Special SA	150 Dis	st. T
12 OFFICE	OFFICE HELD (II any)	13 OFFICE SOUGHT (if known)		
	SAISD Board Dustral	7		
	go то г	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	ED	GARA 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 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)	\$ 20,900
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
4. TOTAL POLITICAL EXPENDITURES \$			\$ 4.155,63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 324.		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
	SANDRA URIE Iotary Public, State of My Commission exp May 14, 2018	true and correct and includes all information in the second in the second includes all information in the second in the second includes all information in the second in the seco	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAM	·	Ed Carzo	17H
Sworn to and subsorday of Januari	. 600	to certify which, witness my hand and seal of office. Sandra Wille OM.	Musty Relations
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath
rms provided by Texas Et	hics Commission	www.ethics.state.tx.us	Revised 9/8/2015

AMENORD

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) ED GARM 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL **AMOUNT** 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 20,90D 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ з. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 4, SCHEDULE E: LOANS \$ 5,047,31 13,047,31 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 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 \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 12.