

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI MR.      ED NICKNAME      LAST      SUFFIX GARZA	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. BOX 100597    SAT 78201	Date Received  01-17-17 P04:42 FILE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (210)    355-8565	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mrs.      GRACE NICKNAME      LAST      SUFFIX VILLERREAL	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 3715 SUNSHINE RANCA SAT 78228	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (210)    834-4960		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year 7 / 1 / 16      12 / 31 / 16		
11 ELECTION	ELECTION DATE Month    Day    Year 5 / 6 / 17	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special      SAISO Dist. 7	
12 OFFICE	OFFICE HELD (if any)  SAISD Board District 7	13 OFFICE SOUGHT (if known)	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

ED GARZA

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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

\$ 6,755.63

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

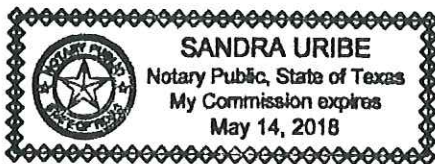
\$ 16,324.12

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 17,011.17

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.

*Ed Garza*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Garza, this the 17<sup>th</sup> day of January, 20 17, to certify which, witness my hand and seal of office.

*Sandra Uribe*  
Signature of officer administering oath

Sandra Uribe  
Printed name of officer administering oath

Community Relations  
Specialist  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>ED GARZA</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,900
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,047.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,708.32
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

**ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

10-11-16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**DONALD PONECK**

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1,000<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

**Attorney - owner**

9 Employer (See Instructions)

**Escamilla + Poneck**

Date

10-11-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**P. ABLO ESCAMILLA**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)

**Attorney - owner**

Employer (See Instructions)

**Escamilla + Poneck**

Date

10-14-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**David Starr**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,500<sup>00</sup>

Principal occupation / Job title (See Instructions)

**Real Estate - owner**

Employer (See Instructions)

**Self**

Date

11-29-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Dr. Richard Castillo**

Contributor address; City; State; Zip Code

**24730 BOGEY RD. SAT 78260**

Amount of contribution (\$)

~~500~~<sup>00</sup>  
250

Principal occupation / Job title (See Instructions)

**Physician - owner**

Employer (See Instructions)

**Self**

**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: **8**

2 FILER NAME

**ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**11-29-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Kenneth Pruitt**

6 Contributor address; City; State; Zip Code

**5602 Hausman Rd St. 200  
SAT 78249**

7 Amount of contribution (\$)

**500<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

**REAL ESTATE - VICE PRESIDENT**

9 Employer (See Instructions)

**GR Property Services**

Date

**11-29-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Johnny Hernandez**

Contributor address; City; State; Zip Code

**214 Regent SAT 78204**

Amount of contribution (\$)

**250<sup>00</sup>**

Principal occupation / Job title (See Instructions)

**CHEF - OWNER**

Employer (See Instructions)

**SELF**

Date

**11-30-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Roberto Gonzalez**

Contributor address; City; State; Zip Code

**1747 Fawn Gate SAT 78246**

Amount of contribution (\$)

**1,000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

**Engineer - owner**

Employer (See Instructions)

**GGC Engineers**

Date

**11-30-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**T.C. FOST**

Contributor address; City; State; Zip Code

**P.O. Box 1600 SAT 78294**

Amount of contribution (\$)

**1,000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

**Banker - owner**

Employer (See Instructions)

**SELF**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME  
**ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date: **11-30-16**  
 5 Full name of contributor:  out-of-state PAC (ID#: \_\_\_\_\_)  
**Linebarger, Coggan, Blair, + Sampson LLP**  
 6 Contributor address; City; State; Zip Code  
**PO Box 17420 SAT 78760**

7 Amount of contribution (\$)  
**1,000<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**Tax Collection**

9 Employer (See Instructions)  
**LGBS Self**

Date: **12-1-16**  
 Full name of contributor:  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rana-Kistner PAC Inc.**  
 Contributor address; City; State; Zip Code  
**P.O. Box 690287 SAT 78269**

Amount of contribution (\$)  
**500<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Engineers**

Employer (See Instructions)  
**Self-owners**

Date: **12-1-16**  
 Full name of contributor:  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mathew Starr**  
 Contributor address; City; State; Zip Code  
**3419 Ivory Creek SAT 78258**

Amount of contribution (\$)  
**1,500<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Real Estate - Vice President**

Employer (See Instructions)  
**David Starr + Associates**

Date: **12-6-16**  
 Full name of contributor:  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jill Souter**  
 Contributor address; City; State; Zip Code  
**350 Wildrose Ave. SAT 78209**

Amount of contribution (\$)  
**280<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Architecture/Preservation**

Employer (See Instructions)  
**Self**

**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: **9**

2 FILER NAME

**ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date

**12-6-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Marmon Mok LLP**

6 Contributor address; City; State; Zip Code

**700 N. St. Marys St 1600 SALT 78265**

7 Amount of contribution (\$)

**500<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

**Architecture**

9 Employer (See Instructions)

**Self**

Date

**12-7-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Brown + Ortiz PC**

Contributor address; City; State; Zip Code

**112 E. Pecan Ste 1360 SALT 78205**

Amount of contribution (\$)

**1,000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

**Attorneys**

Employer (See Instructions)

**Self-owner**

Date

**12-7-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Rene Gonzalez**

Contributor address; City; State; Zip Code

**2111 W. Mulberry SALT 78201**

Amount of contribution (\$)

**300<sup>00</sup>**

Principal occupation / Job title (See Instructions)

**C.P.A.**

Employer (See Instructions)

**Self**

Date

**12-7-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Rene Gonzalez**

Contributor address; City; State; Zip Code

**9114 Fairland SALT 78230**

Amount of contribution (\$)

**300<sup>00</sup>**

Principal occupation / Job title (See Instructions)

**C.P.A.**

Employer (See Instructions)

**Self**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME  
ED GARZA

3 Filer ID (Ethics Commission Filers)

4 Date  
12-9-16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sabinal Group LP  
6 Contributor address; City; State; Zip Code  
237 W. Travis St 200 SAT 78205

7 Amount of contribution (\$)  
750<sup>00</sup>

8 Principal occupation / Job title (See Instructions)  
Contractors

9 Employer (See Instructions)  
Self-owner

Date  
12-10-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Manuel Villa  
Contributor address; City; State; Zip Code  
999 E. Basse Rel. St. 180 SAT 78209

Amount of contribution (\$)  
500<sup>00</sup>

Principal occupation / Job title (See Instructions)  
Hi-Tech

Employer (See Instructions)  
Self-Villa Tech

Date  
12-13-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Daniel Barrett  
Contributor address; City; State; Zip Code  
1407 Vintage SAT 78213

Amount of contribution (\$)  
1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)  
Insurance

Employer (See Instructions)  
Self - Barrett Insurance

Date  
12-15-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Baltazar Serna  
Contributor address; City; State; Zip Code  
72 Sendero Verde SAT 78261

Amount of contribution (\$)  
1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self - Law offices Serna Serna

**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: <b>8</b>
2 FILER NAME <b>EO GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-21-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ABLY Group LP</b> 6 Contributor address; City; State; Zip Code <b>106 E. Austin St 900 SHT 78701</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Hi-Tech</b>		9 Employer (See Instructions) <b>Self-owners</b>
Date <b>12-21-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Foster</b> Contributor address; City; State; Zip Code <b>1815 Fieldstone Rd SHT 78232</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>contractor</b>		Employer (See Instructions) <b>Self-owner</b>
Date <b>12-22-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Perkins + Will LP</b> Contributor address; City; State; Zip Code <b>10100 Central Expressway Dallas, TX 75231</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Architecture</b>		Employer (See Instructions) <b>Self-owner</b>
Date <b>12-27-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Realto Studio PC</b> Contributor address; City; State; Zip Code <b>2425 Broadway SHT 78215</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Landscape Architecture</b>		Employer (See Instructions) <b>Self</b>

**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: **8**

2 FILER NAME **ED GARZA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12-28-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Peter Villegas**  
6 Contributor address; City; State; Zip Code  
**11036 De Anza Dr. Rancho Cucamonga, CA 91730**

7 Amount of contribution (\$)  
**250<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**Office of Latin Affairs**

9 Employer (See Instructions)  
**Coca Cola**

Date  
**12-28-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jose Cornejo**  
Contributor address; City; State; Zip Code  
**20426 Van Arbroink Pader Ranch, CA 91326**

Amount of contribution (\$)  
**250<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**President CEO**

Employer (See Instructions)  
**Self Cornejo Strategies**

Date  
**12-28-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pedro Carrillo**  
Contributor address; City; State; Zip Code  
**5400 E. Olympic Blvd St 208 Commerce, CA 90022**

Amount of contribution (\$)  
**1,000<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Founder / President**

Employer (See Instructions)  
**Urban Associates, Inc.**

Date  
**12-28-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Alex Padilla for Secretary of State**  
Contributor address; City; State; Zip Code  
**1500 11th St Sacramento, CA 95814**

Amount of contribution (\$)  
**500<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Secretary of State**

Employer (See Instructions)  
**California**

**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: <b>8</b>
2 FILER NAME <b>ED GARZA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-29-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John EK</b>	7 Amount of contribution (\$) <b>700<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1717 Linda Vista Pasadena, CA 91103</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney - Founding Partner</b>		9 Employer (See Instructions) <b>Self - EK, Sunkin, Klink, + Bai</b>
Date <b>12-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Howard Sunkin</b>	Amount of contribution (\$) <b>700<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>251 S. Roxbury Dr. Beverly Hills, CA 90212</b>		
Principal occupation / Job title (See Instructions) <b>Attorney - Partner</b>		Employer (See Instructions) <b>EK, Sunkin, Klink + Bai</b>
Date <b>12-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Klink</b>	Amount of contribution (\$) <b>700<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>13007 Woodbridge St Studio City, CA 91604</b>		
Principal occupation / Job title (See Instructions) <b>Attorney - Partner</b>		Employer (See Instructions) <b>EK, Sunkin, Klink + Bai</b>
Date <b>12-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EK, Sunkin, Klink, + Bai LLC</b>	Amount of contribution (\$) <b>700<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>300 S. Grand Ave. Los Angeles, CA 90071</b>		
Principal occupation / Job title (See Instructions) <b>Attorneys</b>		Employer (See Instructions) <b>Self</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-18-16</b>	5 Payee name <b>Chris Madrids</b>
---------------------------	--------------------------------------

6 Amount (\$) <b>84.21</b>	7 Payee address; City; State; Zip Code <b>1900 Blanco Rd SAT 78201</b>
-------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-18-16</b>	Payee name <b>LongStar National Bank</b>
-------------------------	---

Amount (\$) <b>24.45</b>	Payee address; City; State; Zip Code <b>7954 Fredenks by Rd SAT 78229</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounty / Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-23-16</b>	Payee name <b>Edward D. Garza</b>
-------------------------	--------------------------------------

Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>1903 W. Magnolia SAT 78201</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other - Expense Reimbursement</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-24-16</b>	5 Payee name <b>Long fellow Athletics Booster Event</b>
------------------------	---

6 Amount (\$) <b>105.50</b>	7 Payee address; City; State; Zip Code <b>1130 E. Sunshine Dr. SAT 78228</b>
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense Tickets</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-24-16</b>	Payee name <b>COUNTER BURGER</b>
----------------------	----------------------------------

Amount (\$) <b>45.53</b>	Payee address; City; State; Zip Code <b>4250 NW 42nd Miami, FL 33126</b>
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE Urban Schools</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-24-16</b>	Payee name <b>AT+T</b>
----------------------	------------------------

Amount (\$) <b>189.67</b>	Payee address; City; State; Zip Code <b>208 Akard St. Dallas, TX 75202</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>10</i>	2 FILER NAME <i>ED GARZA</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-27-16</i>	5 Payee name <i>Mary Louis</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>30.79</i>	7 Payee address; City; State; Zip Code <i>4405 McCullough SAT 78212</i>
-------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Room Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-31-16</i>	Payee name <i>Paesanos</i>
-------------------------	-------------------------------

Amount (\$) <i>85.15</i>	Payee address; City; State; Zip Code <i>555 E. Basse SAT 78209</i>
-----------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-3-16</i>	Payee name <i>Woodlawn PTO</i>
------------------------	-----------------------------------

Amount (\$) <i>50<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1717 W. Magnolia SAT 78201</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11-7-16	5 Payee name Deco Pizzeria
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6 Amount (\$) 61.40	7 Payee address; City; State; Zip Code 1815 Fredericksburg Road SAT 78201
------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-14-16	Payee name Paesano's
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Amount (\$) 89.89	Payee address; City; State; Zip Code 555 E. Basse SAT 78209
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-16-16	Payee name Barbaro
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Amount (\$) 51.30	Payee address; City; State; Zip Code 2720 McCalloy SAT 78212
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11-18-16</b>	5 Payee name <b>Lone Star National Bank</b>
---------------------------	--

6 Amount (\$) <b>1.00</b>	7 Payee address; City; State; Zip Code <b>7954 Fredericksburg Road</b>
------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounty / Bankin</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-19-16</b>	Payee name <b>JROTC BOOSTER CLUB</b>
-------------------------	---

Amount (\$) <b>80.00</b>	Payee address; City; State; Zip Code <b>723 Donaldson Ave SAT 78201</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-29-16</b>	Payee name <b>Right Space Storage</b>
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Amount (\$) <b>176.00</b>	Payee address; City; State; Zip Code <b>3567 Fredericksburg Rd. SAT 78201</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME: <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>11-29-16</b>	5 Payee name: <b>AT+T</b>
-------------------------	---------------------------

6 Amount (\$): <b>541.46</b>	7 Payee address; City; State; Zip Code: <b>208 Akard St. Dallas, TX 75202</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Office Overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>11-29-16</b>	Payee name: <b>Edward D. Garza</b>
-----------------------	------------------------------------

Amount (\$): <b>1,000<sup>00</sup></b>	Payee address; City; State; Zip Code: <b>1903 W Magnolia SAT 78201</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Other - Expense Reimbursement</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>12-7-16</b>	Payee name: <b>Edison Lil Bears Cheer</b>
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Amount (\$): <b>200<sup>00</sup></b>	Payee address; City; State; Zip Code: <b>346 North Dr. SAT 78201</b>
--------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
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4 Date 12-7-16	5 Payee name Barbara
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6 Amount (\$) 59.80	7 Payee address; City; State; Zip Code 2720 McCullough SAT 78212
------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8-16	Payee name Ligia's
-----------------	-----------------------

Amount (\$) 63.84	Payee address; City; State; Zip Code 815 Bandera Rd SAT 78201
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Pam Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-9-16	Payee name Jefferson Lassos
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Amount (\$) 144.50 <del>63.84</del>	Payee address; City; State; Zip Code 723 Donadson Ave SAT 78201
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME ED GARZA		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12-12-16		<b>5</b> Payee name De Zavala Bakery (Broadway)			
<b>6</b> Amount (\$) 168.00		<b>7</b> Payee address; City; State; Zip Code 5011 De Zavala SAT 78249			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense FOOD		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate / Officeholder name		Office sought	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 12-2-16		Payee name Monticello Park Neighborhood Association			
Amount (\$) 40 <sup>00</sup>		Payee address; City; State; Zip Code P.O. Box 5851 SAT 78201			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate / Officeholder name		Office held	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12-9-16		Payee name Woodlawn PTO			
Amount (\$) 25 <sup>00</sup>		Payee address; City; State; Zip Code 1717 W. Magnolia SAT 78201			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate / Officeholder name		Office held	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-12-16</b>	5 Payee name <b>Right Space Storage</b>	
6 Amount (\$) <b>176.00</b>	7 Payee address; City; State; Zip Code <b>3567 Fredericksburg Rd. SAT 78201</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>12-13-16</b>	Payee name <b>Deco Pizzeria</b>	
Amount (\$) <b>44.32</b>	Payee address; City; State; Zip Code <b>1815 Fredericksburg Road SAT 78201</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>12-16-16</b>	Payee name <b>Lone Star National Bank</b>	
Amount (\$) <b>4.00</b>	Payee address; City; State; Zip Code <b>7954 Fredericksburg Road SAT 78229</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Account / Bank</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>ED GARCIA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-22-16</b>	5 Payee name <b>H.E.B.</b>	
6 Amount (\$) <b>203.00</b>	7 Payee address; City; State; Zip Code <b>2118 Fredericksby Road SAT 78201</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>12-30-16</b>	Payee name <b>Lisas</b>	
Amount (\$) <b>302.50</b>	Payee address; City; State; Zip Code <b>815 Bandera Road SAT 78201</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>None</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>8</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7-20-16</b>	5 Payee name <b>Lisa's</b>	
6 Amount (\$) <b>61.88</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>815 Bandera SAT 78201</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-22-16</b>	Payee name <b>Bedoy Bakery</b>	
Amount (\$) <b>56.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>647 Hildebrand SAT 78201</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event/Food Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-22-16</b>	Payee name <b>Panifico Bakery</b>	
Amount (\$) <b>50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>602 NW 24th St SAT 78207</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8-13-16</b>	5 Payee name <b>Mama's Cafe</b>
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6 Amount (\$) <b>77.90</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>2442 Nacogdoches SAT 78217</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Pool Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8-24-16</b>	Payee name <b>Joe's Crab Shack</b>
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Amount (\$) <b>29.61</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4711 NW Loop 410 SAT 78230</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Pool Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8-1-16</b>	Payee name <b>AT+T</b>
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Amount (\$) <b>260.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>209 Ackard Dallas, TX 75201</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6</b>	2 FILER NAME <b>ED GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8-10-16</b>	5 Payee name <b>RIGHTSPACE Storage</b>	
6 Amount (\$) <b>176.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3567 Fredencksby Rd SAT 78201</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>office overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>9-2-16</b>	Payee name <b>Rightspace Storage</b>	
Amount (\$) <b>176.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3567 Fredencksburg Rd. SAT 78201</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>office overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>9-28-16</b>	Payee name <b>AT+T</b>	
Amount (\$) <b>157.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2000 Adkard Dulles, TX 75201</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>office overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6</b>	2 FILER NAME <b>LED GARZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10-2-16</b>	5 Payee name <b>Rightspace Storage</b>	
6 Amount (\$) <b>176.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3567 Fredericksburg Rd. SAT 78201</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10-6-16</b>	Payee name <b>Maggianus</b>	
Amount (\$) <b>84.82</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>17603 IH10W SAT 78239</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10-7-16</b>	Payee name <b>Potbelly Sandwich Shop</b>	
Amount (\$) <b>67.71</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>849 E. Commerce SAT 78205</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11-11-16	<b>5</b> Payee name Paesanos
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<b>6</b> Amount (\$) 75.99 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 555 E. Basse SAT 78209
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-21-16	Payee name Tip Top Cafe
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Amount (\$) 23.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2814 Fredericksby Road SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-26-16	Payee name La Margarita
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Amount (\$) 42.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 120 Produce Row SAT 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12-7-16	<b>5</b> Payee name Lisas
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<b>6</b> Amount (\$) 63.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 815 Bandera Road SAT 78201
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-17-16	Payee name Container Store
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Amount (\$) 59.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 333 NW Loop 410 SAT 78216
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-22-16	Payee name Duo Pizzeria
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Amount (\$) 67.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1815 Fredericks By Rd SAT 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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