

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: right; font-size: 2em; margin-top: 10px;">11</div>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">                     MR                      ED                      GARZA                 </div>	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 1.2em; margin-top: 10px; color: blue;">01-19-16 P02:15 RCVD</div>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">                     PO Box 100597 SAT 78201                 </div>	Date Hand-delivered or Date Postmarked	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">                     (210) 355-8565                 </div>	Receipt #                      Amount \$	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">                     MRS                      GRACE                      VILLERREAL                 </div>	Date Processed	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">                     3715 SUNSHINE DR.                      SAT 78228                 </div>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">                     (210) 834-4960                 </div>	Date Imaged	
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">                     7 / 1 / 15                      THROUGH                      12 / 31 / 15                 </div>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">                     5 / 8 / 17                 </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">                     NA - SAISD                 </div>	
<b>12</b> OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">                     SAISD Dist. 7                 </div>	<b>13</b> OFFICE SOUGHT (if known) <div style="text-align: center; margin-top: 10px;">                     _____                 </div>	

**GO TO PAGE 2**

# 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

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

3,569.06

CONTRIBUTION  
BALANCE

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

\$

0

OUTSTANDING  
LOAN TOTALS

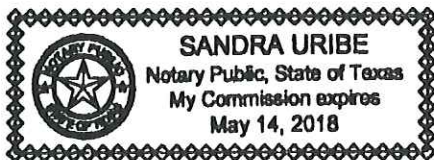
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

REIMBURSEMENT

14,417.90

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Garza, this the 19<sup>th</sup> day of January, 20 16, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Sandra Uribe  
Printed name of officer administering oath

Admin Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

ED GARZA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,569.06
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: 8	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7-3-15	<b>5</b> Payee name AMERICAN MINI STORAGE	
<b>6</b> Amount (\$) 150 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3567 Fredericksburg Rd SAT 78201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	<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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 7-9-15	Payee name AT&T	
Amount (\$) 119.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Dallas, Texas ONLINE	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 7-22-15	Payee name PAESANOS RESTAURANT	
Amount (\$) 164.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 555 E. Basse SAT 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 8		2 FILER NAME ED GARZA		3 Filer ID (Ethics Commission Filers)	
4 Date 8-4-15		5 Payee name AMERICAN MINI STORAGE			
6 Amount (\$) 150 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3567 Fredericksburg Rd SAT 78201			
8 PURPOSE OF EXPENDITURE		(a) 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8-7-15		Payee name WESTIN RIVERWALK ZOCCA			
Amount (\$) 85.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 420 W. MARKET SAT 78205			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		(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	
Date 9-2-15		Payee name AMERICAN MINI STORAGE			
Amount (\$) 150 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3567 Fredericksburg Rd. SAT 78201			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
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 G: 3 of 8	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-8-15	<b>5</b> Payee name AT+T	
<b>6</b> Amount (\$) 229.63 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code Dallas, TX online	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	<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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-9-15	Payee name LISA'S MEXICAN RESTAURANT	
Amount (\$) 105.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 815 Bandera Rd. SAT 78228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE 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
Date 9-18-15	Payee name DECO PIZZERIA	
Amount (\$) 286.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1815 Fredericksburg Rd. SAT 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 4 of 8	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 9-29-15	<b>5</b> Payee name Paesano's
--------------------------	----------------------------------

<b>6</b> Amount (\$) 120.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 555 E. Basse SAT 78209
---	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	<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
---	--	--

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

Date 10-2-15	Payee name AMERICAN MINI STORAGE
-----------------	-------------------------------------

Amount (\$) 150 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Fredericksburg Rd. SAT 78201
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	<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
-------------------------------	---	--

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

Date 10-6-15	Payee name AT&T
-----------------	--------------------

Amount (\$) 113.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Dallas, TX Online
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	<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
-------------------------------	---	--

Complete <u>ONLY</u> 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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
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 G: 5 of 8	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-14-15	<b>5</b> Payee name HOFBRAU	
<b>6</b> Amount (\$) 95.71 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7310 Jones Maltzberger SAT 78209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	<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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10-17-15	Payee name <del>EDM GARZA</del> DECO PIZZERIA	
Amount (\$) 89.70 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1815 Fredericksburg Rd. SAT 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE 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
Date 11-2-15	Payee name AMERICAN MINI STORAGE	
Amount (\$) 150 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Fredericksburg Rd. SAT 78201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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 of 8	<b>2</b> FILER NAME ED GARZA	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 11-7-15	<b>5</b> Payee name JAY SEAFOOD SPAGHETTI WORK
--------------------------	---

<b>6</b> Amount (\$) 377.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 710 Alister St. Port Aransas, TX 78373
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	<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
---------------------------------	--	--

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

Date 11-8-15	Payee name LUBY'S
-----------------	----------------------

Amount (\$) 118.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1510 S. Padre Island Dr. Corpus Christi, TX 78416
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE 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
---	-------------------------------	---------------	-------------

Date 11-20-15	Payee name AT+T
------------------	--------------------

Amount (\$) 112.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Dallas, TX Online
--	--

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
------------------------	---	---

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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7 of 8		2 FILER NAME EDGARZA		3 Filer ID (Ethics Commission Filers)	
4 Date 12-5-15		5 Payee name AMERICAN MINI STORAGE			
6 Amount (\$) 150 <sup>00</sup> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3567 Fredenckshy Rd SAT 78201			
8 PURPOSE OF EXPENDITURE		(a) 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 12-16-15		Payee name LISA'S MEXICAN RESTAURANT			
Amount (\$) 444.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 815 Bandera SAT, 78201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE 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	

Date 12-12-15		Payee name CHRIS MADRUP'S			
Amount (\$) 88.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1900 Blanco Rd SAT 78212			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
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 G: 8 of 9	<b>2</b> FILER NAME ED GALZA	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 12-23-15	<b>5</b> Payee name AT+T
---------------------------	-----------------------------

<b>6</b> Amount (\$) 117.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code Dallas, TX ONLINE
---	---

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

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>(b) Description</b> <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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>(b) Description</b> <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
--	-------------------------------	---------------	-------------

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