

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

ED GARZA

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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)

\$ 16,200

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 20,543.98

CONTRIBUTION
BALANCE

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

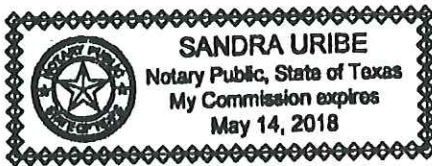
\$ 491.47

OUTSTANDING
LOAN TOTALS

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

\$ 9,204.95

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Garza, this the 15th day of January, 20 15, 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

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-23-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Gonzalez	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9114 Fairland SAT 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ACCOUNTING		10 Employer (See Instructions) SELF	
Date 7-23-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Rajv Dahiya	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9102 Floyd Curl SAT 78240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SELF	
Date 9-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Gooagan Blair + Sampson	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 Navarro SAT 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Tax Collection		Employer (See Instructions) SELF	
Date 10-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Christian	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 McCullough SAT 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 10-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Serna	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 126 Ullita SAT 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-3-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabinal	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 237 W. Travis SAT 78205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CONSTRUCTION		10 Employer (See Instructions) SELF	
Date 10-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM FROST	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 W. HOUSTON SAT 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) SELF	
Date 10-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Drought PC	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Convent SAT 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) F. Burney	
Date 10-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barclay Zachry	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7603 Shadylane SAT 300 Convent 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions) SELF	
Date 10-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manny Villa	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 335 E. Travis SAT 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TECHNOLOGY		Employer (See Instructions) SELF	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-24-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOLAN PEREZ	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 512 Victoria Lane Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Gastroenterology		10 Employer (See Instructions) SELF	
Date 12-4-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY MUNOZ	Amount of contribution (\$) 2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 235 W. Kings Hwy SFT 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ART DESIGN		Employer (See Instructions) SELF	
Date 12-5-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Kaiman	Amount of contribution (\$) 1,250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 727 Sentry Hill SFT 78260		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 12-5-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misty Gaekle	Amount of contribution (\$) 1,250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14718 Leighwood Creek Humble, TX 77396		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Broadcasting		Employer (See Instructions) SELF	
Date 12-12-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodi Starr	Amount of contribution (\$) 1,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14802 Shalom Place SFT 78250		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) JEWISH FEDERATION	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-12-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARLENE STARR	7 Amount of contribution (\$) 1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 102 RUSTERS Butte SAT, 78231		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) HOMEMAKER		10 Employer (See Instructions) SELF	
Date 12-12-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID STARR CHISOM	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 Rusters Butte SAT 78231		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions) SELF	
Date 12-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IMC Benefits LLC	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 443 Gerald SAT 78214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IMC Benefits LLC	
Date 12-23-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland Esparza	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 325 S. Flores SAT 78204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 12-23-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Serna	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 66 Villita SAT 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13		2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date July 7, 14		5 Payee name BEST BUY			
6 Amount (\$) 201.49		7 Payee address; City; State; Zip Code 125 NW Loop 410 SAT 78231			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Laptop Repair <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 7-10-14	Payee name USLA				
Amount (\$) 140-	Payee address; City; State; Zip Code Po Box 100597 SAT 78201				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards		Description (If travel outside of Texas, complete Schedule T) Scholarship <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date 7-11-14	Payee name Facebook Promo				
Amount (\$) 6.99	Payee address; City; State; Zip Code www.fb.me/lcc CA				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Event Promo - School <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date 7-14-14	Payee name Edward D. Garza				
Amount (\$) 250-	Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T) Expense Report <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-24-14	5 Payee name Comerica
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6 Amount (\$) 18-	7 Payee address; City; State; Zip Code 615 NW Loop 410 SAT 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/ Banking	(b) Description (If travel outside of Texas, complete Schedule T) Service Charge <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 7-24-14	Payee name Edward D. Garza
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Amount (\$) 250-	Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) Previous Expense Report <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 7-28-14	Payee name OLLU
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Amount (\$) 300-	Payee address; City; State; Zip Code 411 SW 24th Street SAT 78207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Summer Cruise <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 8-5-14	Payee name EL Machito
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Amount (\$) 81.28	Payee address; City; State; Zip Code 7300 Jones Maltzberger SAT 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Sponsor-Social <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-11-14	5 Payee name Diego Lopez
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6 Amount (\$) 204.50	7 Payee address; City; State; Zip Code 8118 Datapoint SAT 78229
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) PopWarner Training <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 8-22-14	Payee name Facebook
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Amount (\$) 6.99	Payee address; City; State; Zip Code www.fb.me /cc CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Event Promo <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 8-25-14	Payee name Miguel Chavez
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Amount (\$) 256.50	Payee address; City; State; Zip Code 1852 w. Mistletoe SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Award	Description (If travel outside of Texas, complete Schedule T) TJ Scholarship <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 9-2-14	Payee name HETB
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Amount (\$) 60.14	Payee address; City; State; Zip Code 1921 Fredencksburg Rd. SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Board Meeting <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F: 13		2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-4-14		5 Payee name Edward O. Garza			
6 Amount (\$) 900		7 Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) Previous Expense Report <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 9-29-14		Payee name Dallas Airport wi fi / Hotel			
Amount (\$) 65.10		Payee address; City; State; Zip Code 8008 Cedar Spring Dallas, TX 75235			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Transportation/Equipm Exp.		Description (If travel outside of Texas, complete Schedule T) Airport Internet <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 10-3-14		Payee name Andy Mireles Foundation			
Amount (\$) 100		Payee address; City; State; Zip Code 329 Mary Louise SAT 78201			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Award		Description (If travel outside of Texas, complete Schedule T) Golf Tourny <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 10-6-14		Payee name Gabriel Obregon			
Amount (\$) 204.50		Payee address; City; State; Zip Code 170 Dowsy 78 SAT 78221			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Award		Description (If travel outside of Texas, complete Schedule T) Scholarship <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-6-14	5 Payee name Whataburger
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6 Amount (\$) 19.47	7 Payee address; City; State; Zip Code 2806 Dolcomes Hgts, TX 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Principal meeting <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 10-6-14	Payee name DECO PIZZERIA
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Amount (\$) 170.21	Payee address; City; State; Zip Code 1815 Fredeneksby Rd. SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (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 10-6-14	Payee name Dylan Rodriguez
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Amount (\$) 50	Payee address; City; State; Zip Code 2273 W. Magnolia SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Award	Description (If travel outside of Texas, complete Schedule T) Donation TJ student <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 10-15-14	Payee name BEST BUY
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Amount (\$) 133.11	Payee address; City; State; Zip Code 125 NW Loop 410 SAT 78231
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (If travel outside of Texas, complete Schedule T) Laptop repair <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-16-14	5 Payee name Olmos Pharmacy
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6 Amount (\$) 15.48	7 Payee address; City; State; Zip Code 3902 McCulloch SAT 78212
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) USLA <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 10-16-14	Payee name Alamo Cafe
-------------------------	---------------------------------

Amount (\$) 15.75	Payee address; City; State; Zip Code 10060 FH10 West SAT 78231
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) Chile Media <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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Date 10-17-14	Payee name Edward D. Garza
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Amount (\$) 3,000	Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) Prior Expense Report <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 10-20-14	Payee name TJ Pop Warner Cheer
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Amount (\$) 66	Payee address; City; State; Zip Code 727 Donaldson SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Awards/Gifts	Description (If travel outside of Texas, complete Schedule T) BBQ Tickets <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-20-14	5 Payee name Paesanos
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6 Amount (\$) 67.44	7 Payee address; City; State; Zip Code 555 E. Basse SAT 78212
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) STATE REP. <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 10-22-14	Payee name Comerica
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Amount (\$) 25-	Payee address; City; State; Zip Code 615 NW Loop 410 SAT 78216
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Service Charge <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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Date 10-24-14	Payee name Jefferson Neighborhood Association
-------------------------	---

Amount (\$) 100-	Payee address; City; State; Zip Code P.O. Box 28552 SAT 78228
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Certs/Awards	Description (If travel outside of Texas, complete Schedule T) Scholarship <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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Date 10-25-14	Payee name Olga Hernandez
-------------------------	-------------------------------------

Amount (\$) 100-	Payee address; City; State; Zip Code 731 Clower SAT 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift Award / Donation	Description (If travel outside of Texas, complete Schedule T) BBQ Plates <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
--	---------------------------------	--

4 Date 10-25-14	5 Payee name USLA
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6 Amount (\$) 210-	7 Payee address; City; State; Zip Code Po Box 100597 SAT 79201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) AWARD/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T) Scholarship <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
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Date 10-29-14	Payee name Jefferson JROTC
-------------------------	--------------------------------------

Amount (\$) 160-	Payee address; City; State; Zip Code 723 Donaldson SAT 79201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) AWARD/ DONATION	Description (If travel outside of Texas, complete Schedule T) Spashe H Dinner Tickets <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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Date 10-31-14	Payee name Comenca
-------------------------	------------------------------

Amount (\$) 8.50	Payee address; City; State; Zip Code 615 NW Loop 410 SAT 78216
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) SIC <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 10-31-14	Payee name California Pizza Kitchen
-------------------------	---

Amount (\$) 115.52	Payee address; City; State; Zip Code 255 E. Basse SAT 79209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) COMMISSIONER/STATE <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1200
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME BO GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-6-14	5 Payee name Bakery Lorraine
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6 Amount (\$) 24 ⁻	7 Payee address; City; State; Zip Code 306 Pearl SAT 78215
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Booster Refreshments <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 11-7-14	Payee name TJ Pop Warner
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Amount (\$) 54 ⁻	Payee address; City; State; Zip Code 723 Donaldson SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Candy <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 11-7-14	Payee name Lorenzos
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Amount (\$) 49,84	Payee address; City; State; Zip Code 8032 Fredensky Rd SAT 78229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) EVENT PLANNING MTG. <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 11-7-14	Payee name COUNTY LINE
-----------------	---------------------------

Amount (\$) 55.63	Payee address; City; State; Zip Code 10101 IH10 West SAT 78229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) Principal mtg. <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13		2 FILER NAME ED GARZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-10-14		5 Payee name POP WARNER FOOTBALL			
6 Amount (\$) 44-		7 Payee address; City; State; Zip Code 723 Donaldson SAT 78201			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) AWARD / DONATION		(b) Description (If travel outside of Texas, complete Schedule T) POP Tickets <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 11-10-14		Payee name MR + MRS G'S			
Amount (\$) 30.25		Payee address; City; State; Zip Code 2222 S WW White Rd			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD EXPENSE		Description (If travel outside of Texas, complete Schedule T) Band Director <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 11-24-14		Payee name Comerica			
Amount (\$) 8,50		Payee address; City; State; Zip Code 605 NW LOOP 410 SAT 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) S/C <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 12-11-14		Payee name USLA			
Amount (\$) 75-		Payee address; City; State; Zip Code Po Box 100597 SAT 78201			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) AWARD/DONATION		Description (If travel outside of Texas, complete Schedule T) BANQUET <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-12-14	5 Payee name JACALAS
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6 Amount (\$) 71.84	7 Payee address; City; State; Zip Code 606 W. Ave SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BOOSTERS <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 12-15-14	Payee name HERB
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Amount (\$) 42.47	Payee address; City; State; Zip Code 1701 Friedenlesky Rd SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expens	Description (If travel outside of Texas, complete Schedule T) Holiday Meets <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 12-15-14	Payee name LUKE
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Amount (\$) 59.80	Payee address; City; State; Zip Code 125 E. Houston
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) CABINET / BOARD <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 12-15-14	Payee name Broadway Bouly Bread
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Amount (\$) 102.50	Payee address; City; State; Zip Code 5011 De Zavala SAT 78249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) HOLIDAY-BOARD MTC. <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-16-14	5 Payee name chesters
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6 Amount (\$) 232.92	7 Payee address; City; State; Zip Code 9800 W. IH 10 SAT 78230
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) AWARD / DONATION	(b) Description (If travel outside of Texas, complete Schedule T) USCA U18 TEAM <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 12-17-14	Payee name HEB
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Amount (\$) 260	Payee address; City; State; Zip Code 1900 FREDERICKSBURG RD. SAT 78201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT AWARD EXPENSE	Description (If travel outside of Texas, complete Schedule T) COLLEGE NIGHT <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 12-18-14	Payee name Comerica
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Amount (\$) 42	Payee address; City; State; Zip Code 4801 NW LOOP 410 SAT 78216
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) SIC <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 12-29-14	Payee name Maggianos
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Amount (\$) 69.88	Payee address; City; State; Zip Code 17603 IH 10 W. SAT 78257
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXP + AWARDS	Description (If travel outside of Texas, complete Schedule T) LUNCH + Gift Cards Boosters <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>13</i>	2 FILER NAME <i>ED GARZA</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12-24-11</i>	5 Payee name <i>AT+T</i>	
6 Amount (\$) <i>361.76</i>	7 Payee address; City; State; Zip Code <i>1152 N. Buckner Dallas, TX 75218</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>CELL</i> <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 <i>12-24-11</i>	Payee name <i>Edward D. Garza</i>	
Amount (\$) <i>7,650</i>	Payee address; City; State; Zip Code <i>1903 W. Magnolia SAT 78201</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>Previous Expense Report</i> <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME EDGARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-1-14	5 Payee name AMStorage
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6 Amount (\$) 130 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3567 Fredenckebj Rd. SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 7-9-14	Payee name Lisa S
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Amount (\$) 38.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 815 Bandera Rd SAT 78228
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) POD WARNER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 7-10-14	Payee name Saltgrass
------------------------	--------------------------------

Amount (\$) 80.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11745 IH10 West SAT 78230
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) Sponsalip Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 7-13-14	Payee name Beto S
------------------------	-----------------------------

Amount (\$) 115.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8142 Broadway SAT 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) USCA <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-22-14	5 Payee name Paesanos	
6 Amount (\$) 58.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 555 E. Basse SAT 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Event Sponsor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 7-24-14	Payee name AT+T	
Amount (\$) 120.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1152 N. Buckner Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) cell <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 7-25-14	Payee name Salt Grass	
Amount (\$) 57.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11745 IH10 West SAT 78230	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Main Etizondo <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 7-29-14	Payee name Lisa's	
Amount (\$) 99.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 815 Bandera SAT 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) USGA Coachs <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-1-14	5 Payee name AM Storage	
6 Amount (\$) 130 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3507 Fredericksby Rd SAT 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 8-11-14	Payee name Maggianos	
Amount (\$) 121.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 17603 IHLOW. SAT 78257	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) Event sponsor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 8-13-14	Payee name Lisas	
Amount (\$) 85.14 <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 Expense	Description (If travel outside of Texas, complete Schedule T) Pop Warner <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 8-15-14	Payee name Mamas Cafe	
Amount (\$) 72.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2442 Nacogdoches SAT 78217	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) USLA <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-17-14	5 Payee name Alamo Rent A CAR
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6 Amount (\$) 123.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8530 Eastern St. SAT 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation	(b) Description (If travel outside of Texas, complete Schedule T) Car Rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 8-19-14	Payee name Salt Grass
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Amount (\$) 6490 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11745 1410 W. SAT 78230
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) EVENT SPONSOR <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 8-25-14	Payee name AT+T
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Amount (\$) 363.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1152 N. Buckner Dallas, TX 75218
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Cell <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 8-30-14	Payee name County Line
------------------------	----------------------------------

Amount (\$) 4905 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10101 1410 West SAT 78229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-1-14	5 Payee name AM Storage
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6 Amount (\$) 130 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3567 Fredenetchy Rd SAT 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

Date 9-6-14	Payee name Carrabba's
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Amount (\$) 63.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12507 14th West SAT 78230
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD expense	Description (If travel outside of Texas, complete Schedule T) Pop Warner <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 9-14-14	Payee name Tx Road House
------------------------	------------------------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2893 Cinema Redge SAT 78238
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD Expense	Description (If travel outside of Texas, complete Schedule T) STATE REP. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 9-24-14	Payee name Pappadeux
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 76 N.E Loop 410 SAT 78216
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD Expense	Description (If travel outside of Texas, complete Schedule T) JELC Group <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-1-14	5 Payee name Storage - AM	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 130.-	7 Payee address; City; State; Zip Code 3567 Fredericksby Rd SAT 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Date 10-10-14	Payee name Tx Road House	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 63.54	Payee address; City; State; Zip Code 2893 Cinema Ridge SAT 78238	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Football Pre-game
Date 10-21-14	Payee name Dough Pizzeria	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 85.-	Payee address; City; State; Zip Code 16989 Blanco Rd SAT 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense TJHS-HPS
Date 10-23-14	Payee name GOOD TIME CHARITIES	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 60.4	Payee address; City; State; Zip Code 2922 Broadway SAT 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense USLA

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-26-14	5 Payee name PF Chang's	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 95.91	7 Payee address; City; State; Zip Code 255 E. Basse SAT 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) THEATRE GROUP <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 10-28-14	Payee name GOOD TIME CHARLIES	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 60.14	Payee address; City; State; Zip Code 2922 Broadway SAT 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) USLA <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 10-31-14	Payee name City Parking	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 10	Payee address; City; State; Zip Code 240 E. Houston SAT 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation	Description (If travel outside of Texas, complete Schedule T) Meeting w/ city <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 11-1-14	Payee name Am Storage	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 130	Payee address; City; State; Zip Code 3567 Fred Rd SAT 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>11</u>	2 FILER NAME <u>ED GARZA</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>11-3-14</u>	5 Payee name <u>Beacon Hill Post office</u>	
6 Amount (\$) <u>132</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1064 Vance Jackson SAT 78201</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>office overhead</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>PO Box</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <u>11-4-14</u>	Payee name <u>Alamo Cafe</u>	
Amount (\$) <u>65.49</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>10060 Hill 10 West SAT 78230</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>FOOD EXPENSE</u>	Description (If travel outside of Texas, complete Schedule T) <u>Volleyball Pre-game</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <u>11-10-14</u>	Payee name <u>AT&T</u>	
Amount (\$) <u>384.93</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1152 W. Buckner Dallas, TX 75218</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>office overhead</u>	Description (If travel outside of Texas, complete Schedule T) <u>cell</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <u>11-20-14</u>	Payee name <u>Salt Grass</u>	
Amount (\$) <u>97.10</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>11745 Hill 10 W. SAT 78230</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>FOOD EXPENSE</u>	Description (If travel outside of Texas, complete Schedule T) <u>Admin/Principal</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-23-14	5 Payee name Pappadeaux	
6 Amount (\$) 100.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 76 N.E. LOOP 410 SAT 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Coaches <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12-1-14	Payee name AM Storage	
Amount (\$) 130 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Fredericksby Rel SAT 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Overhead OFFICE	Description (If travel outside of Texas, complete Schedule T) Storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12-2-14	Payee name Los Barnios	
Amount (\$) 24.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4223 Blanco Rel. SAT 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) LASSOS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12-12-14	Payee name City Parking	
Amount (\$) 10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 240 E. Houston SAT 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation	Description (If travel outside of Texas, complete Schedule T) City Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-15-14	5 Payee name City Parkey	
6 Amount (\$) 12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 240 E. AUSTON SAT 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation	(b) Description (If travel outside of Texas, complete Schedule T) City Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12-18-14	Payee name California Pizza Kitchen	
Amount (\$) 59.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 255 Basse SAT 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Athlete Boosters <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12-19-14	Payee name Paesanos	
Amount (\$) 89.85 <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) Travel Expense	Description (If travel outside of Texas, complete Schedule T) Leaders Appreciation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12-28-14	Payee name Maggiolos	
Amount (\$) 71.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 17603 HIO West SAT 78257	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) Leaders Appreciation <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME ED GARZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-30-14	5 Payee name Chris Madrid's	
6 Amount (\$) 23.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1900 Blanco Rd. SAT 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Basket ball Pre-game Event
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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