CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
,	GARZA	SUFFIX	07-15-19P04:50 RCVD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO P. O. BOX 1005 Sun Antonia	SITY; STATE; ZIP CODE	01-12 12104:20 1012
Change of Address	San Antonia)(X /0001	×
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 355 - 8565	EXTENSION	Date (Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed 7-15-19
	VILLERRE	AC	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	TONIO TY 79	ZIP CODE
(Residence or Business)	2163		
	SAN ANT	TONIO, TX 79.	279
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (200) 834 -496	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 6	Day Year 30 / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other	
	Month Day Year Frimary 5 / 5 / 2021 General	Runoff Other Description Special	180 Dept, 7
12 OFFICE	SALSO DIST. 7	13 OFFICE SOUGHT (if known)
	School Board		
	до то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	FO 61	ARZA- 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I JRES.	IOUT THE CANDIDATE'S OR OFFICEHOLDER'S
NA	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
	-	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,750
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,739.83
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'T PERIOD	\$ 767. 13
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 136.43
18 AFFIDAVIT	SANDRA URIE Notery Public, State of My Commission exp May 14, 2022 ID # 280073-2	true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me
AFFIX NOTARY STAM		Ed Augus	this the 15th
Sworn to and subso	6. Urite	to certify which, witness my hand and seal of office.	As fary
Signature of officer	auministering oath	Printed name of officer administering oath	Title of officer adminstering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME ED GARLA 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,750
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,739, 83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 136.43
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,010,66
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ——

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	ED GARVA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
2/21/19	Charles Amato 6 Contributor address; City; State; 9311 San Pedro SAT	Zip Code 78 216	250 00
The state of the s	pation / Job title (See Instructions)	Employer (See Instruct	•
P	resident 1050	SWB Co	rp
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
317/19	Dan Markson Contributor address; Summit A	Zip Code Ve SAT	500
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	CBO	The WRF	1
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
6/10/19	Olco UC Contributor address; City; State; 5602 Hausman SA		500 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Owner	Deco Acz	reia
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
6110 PA	Clermont OC Contributor address; City; State; 7334 Blanco SAT		1,000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	PERSONAT	Clerma	nt

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ED GAPZA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
6/28/19	6 Contributor address; City; State	Zip Code	500 00
	112 E. Vecan 8	AT 78206	,
8 Principal occu	paijon / Job title (See Instructions)	9 Employer (See Instruction Kennedy	Swherland
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; States	, Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
i	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
# E			4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/W	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
Oredit Gard'i ayment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME ED GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 1/7/19	Chn's Martinez	
345.50	7 Payee address; City; State; Zip Code COB Shadwell	AT 79228
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule) Award - AHM	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/9/19	EDWARD D. GAR	ZA
Amount (\$)	Payee address; City; State; Zip Code	
5,000.00	1903 W. Magnolia	San Antonio TX 78201
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Mis schedule) Reimbursened	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Öffice held
Date	Payee name	
1/16/19	College Booard	
Amount (\$)	Payee address; City; State; Zip Code	
105.50	Online payment -	SAT/ACT
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ponation - Class 2019 Jonathan Garay	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name () H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Sebedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7954 Frederickshurg Road SAT 78229 8 50 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 _ Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Fees EXPENDITURE Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name STAMBUCCS avee address; City; State; Zip Code 1/30/19 2202 Frederickshus Road 145.50 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense FROD BURENSE **EXPENDITURE** Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 2/4/19 IH-10 West SAT 78230 326,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Event Expense FYTHS EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ED GAR	ZA	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/19	5 Payee name		
6 Amount (\$)		Zip Code	
106.50	2118 Frede	enicks buy Rel	8AT 78201
8	(a) Category (See Categories listed at the top of this		
PURPOSE OF			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	FOOD EXPENS	56	14 —
	, , , , , , , , , , , , , , , , , , , ,		SAISO#7
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/4/19	STARBUC	<i>ICS</i>	
Amount (\$)	Payee address; City; State;	Zip Code	
206.50	2202 Fr	edencksbuy Ro	l SAT 78201
	Category (See Categories listed at the top of thi		At the ATTING Connected Colonials T
PURPOSE OF	PADD EXPENS		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE			0.047
	COULTE CHAT	5	SASP#1
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/11/10	No.		
7)4 //4	Payee address; City; State;	Zin Corte	
Amount (\$)			$C \wedge A = T = T$
162.00			San Antonio, TX 7822
	Category (See Categories listed at the top of th		outside of Texas. Complete Schedule T.
PURPOSE OF	(0 0 1	Λ	in, TX, officeholder living expense
EXPENDITURE	Ofre Overhead	^	on atte
	0 111 100 111	000	5/4/5/04 1
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp / Gift/Awards/Memorials Expense Printing Exp	pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ED GARU	3 Filer ID (Ethics Commission Filers)
4 Date 317 19	5 Payee name Sovrento	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
190,09	5146 Broadway 8	SAT 79209
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF	1	Check if Austin, TX, officeholder living expense
EXPENDITURE	tood Burense	SAISO #7
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/25/19	GOOD TIMES CHARLIE	7
Amount (\$)	Payee address; City; State; Zip Code	
127.63	2922 Breadway	SAT 78269
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF	FOOD EXPENSE	Check if Austin, TX, officeholder living expense
EXPENDITURE	(30) 30,00	SAISOHT
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/8/19	Starbucks	
Amount (\$)	Payee address; City; State; Zip Code	
25 00	2002 Fredericks	buy Rd. SAT 70201
•	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	DOM DENGT	Check if Austin, TX, officeholder living expense
EXPENDITURE	100 oxpense	saisin#7
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
		Doving 0/0/001

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) **Credit Card Payment** The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) Frederickshing Rel 8AT 78201 177.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF OFFICE SUPPLIED EXPENDITURE Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 78212 68.37 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE FOOD EXAPTUSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name + Frederickshurg Rd. SA Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling Expense Printing Expense	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	1000 11 11 11 11 11 11 11 11 11 11 11 11	7	3 Filer ID (Ethics Commission Filers)
4 Date 4 12-19	5 Payee name GRAM they		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
9.95	ONUNB FEE		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	uitside of Texas Complete Sebedula T
PURPOSE OF EXPENDITURE	FEE		utside of Texas, Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/25/19	Starbucks		
Amount (\$)	Payee address; City; State; Zip Code		
25.00	2202 Fredericksh	my Rd	8AT 78201
	Category (See Categories listed at the top of this schedule)	Description Check if travel of	utside of Texas. Complete Schedule T.
PURPOSE OF	t- 20 t- 10 15		n, TX, officeholder living expense
EXPENDITURE	FOOD EXPENSE		SAISO #7
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4129119	Starbudes		
Amount (\$)	Payee address; City; State; Zip Code	~ A	
2500	2202 Frederickshu	& Rd.	SAT 78201
	Category (See Categories listed at the top of this schedule)	Description Check if travel of	putside of Texas. Complete Schedule T.
PURPOSE OF	X n by		outside of Texas. Complete Schedule 1. in, TX, officeholder living expense
EXPENDITURE	FOOD EXOLUSE		SAISO #7
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	:EDED
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa	ages/Contract Labor Other (enter a category not listed above)
,	The Instruction Guide explains how to co	implete this form.
1 Total pages Schedule F1:	2 FILER NAME TO GARA	3 Filer ID (Ethics Commission Filers)
4 Date 5 1 19	5 Payeename Star hucks	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
50 00	2202 Fredericks by	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	FEOD EXPENSE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5/9/19	Monarel	
Amount (\$)	Payee address; City; State; Zip Code	
86.00	16227 San Redro	SAT 78232
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF	EVENT EXCHASE	Check if Austin, TX, officeholder living expense
EXPENDITURE	EVEN (DEVENTE	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5/13/19	Jefferson Nethb	ethood Association
Amount (\$)	Payee address; City; State; Zip Code	
132.50	1954 W. Granerces	SAT 78201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	DOVATION	Check if Austin, TX, officeholder living expense
EXPENDITURE	MONTH ILEN	
		*
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Gredit Gard Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME TO GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 5 / 20 / 19 6 Amount (\$)	5 Payee name LSAB Service Of Payee address; City; State; Zip Code	aye	
8.50	7954 Frederick	ishux Rd	SAT 78229
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		utside of Texas, Complete Schedule T, n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6/12/19 Amount (\$)	Best Bay Payee address; City; State; Zip Code		
1,291.84	125 N.W LOOP 410	SAT	78216
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DEFLET OVERHEAP		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6/20/19 Amount (\$)	LSNB Service Char Payee address; City; State; Zip Code	JC	
8.80	7954 Fredericks huy		HT 78229
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER NAME EO GARZA 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	136. 43
5 Date 30 19	6 Payee name EDWARD GARZA
7 Amount (\$)	8 Payee address; City; State; Zip Code 1903 W. Magnolia SAT 78201
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit G/OI	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		
1 Total pages Schedule G:	2 FILER NAME ED GARZA 3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	
1116/19	River Center Garage	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions	849 5. connerce St. SAT 78205	
intended	415	
8 PURPOSE	,, - === 3, (==================================	
OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
212/19	Capparellis on Main	
Amount (\$)		
Reimbursement from political contributions intended	Payee address; City; State; Zip Gode 2524 N. Main Ave. SAT 78212	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name Office sought Office held OH	
Date	Payee name	
2/9/19	Salt Grass	
Amount (\$)	Payee address; City; State; Zip Code	
69.6)	11.745 14-10 Wast	
Reimbursement from political contributions intended	SAT 78230	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	FOOD: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gandidate/Officeholder/Politic	
1 Total pages Schedule G:	2 FILER NAME ED GARTA 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
2/11/19	Cheesecake Factory
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	7400 Sar Pedro SAT 78216
8 DUDDOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
1/19/	ATAT
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	Online Dallos, TX
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
416/19	AMERICAN MINISTORAGE
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3567 Frederickshuy Rd. SAT 78701
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		es/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule G: 2	2 FILER NAME EN GARZA	3 Filer ID (Ethics Commission Filers)
2/10/19	5 Payee name AT+T	
(,,	7 Payee address; City; State; Zip Code	
149.27 Reimbursement from political contributions intended	Online Pallar, TX	
8 PURPOSE	(-v Gategory (dee categories listed at the top of time constant)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	OFFICE OUBLIFEAD	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ffice sought Office held
Date	Payee name	
2/10/19	AMBRICAN MINISTER	2AGE
Amount (\$)	Payee address; City; State; Zip Code	01 0 = 7 = 7 = 1
Reimbursement from political contributions intended	AMBRICAN MINISTER Payee address; City; State; Zip Code 3567 Freder idshu	s Rd. SAT 18201
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	OFFICE OUERHEAD	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		iffice sought Office held
Date	Payee name	
2/16/19	Paeranos	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from	555 E. Basse	
political contributions intended	Sun Anto	nio TX 78209
PURPOSE	Category (See Categories listed at the top of this schedule) (b	Description
OF EXPENDITURE	FOOD EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politic redit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
_	a1	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule G:	2 FILER NAME BO CARZA 3 Filer ID (Ethics Commission Filers)
4	Date	5 Payee name
	2/22/19	County LINE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	54,14	10101 Ithio West
	Reimbursement from political contributions intended	Sun Antonio, TX 78230
8		(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	FOOD EXPENSE Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name Office sought Office held
	experientare to belief or	
	Date	Payee name
	0172119	Dosartos
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	20 73	COT 70705
	Reimbursement from	910 S. Alamo SAT 78205
	political contributions intended	
\vdash	mended	Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
H	Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
	expenditure to benefit C/	OH CONTRACTOR OF THE CONTRACTO
F	Date	Payee name
	- 1 - 1 to	D 7
_	3112119	Pavee address: City; State; Zip Code
	Amount (\$)	Payee address; City; State; Zip Code
	32,74	403 Blue Ster #105 SAT 78204
	Reimbursement from political contributions	To state 31
L	intended	(h) Description
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Check if Austin, TX, officeholder living expense
		1 ON ONO
	Complete ONLY if direct expenditure to benefit C/	
-		
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	ALIMOTADATIONAL OCURO OLITICO OLITICO DELLO MERCENO	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gandidate/Officeholder/Politic Credit Card Payment		
Oreal Card Laymont	The Instruction Guide explains how to complete this form.	
1 Total pages Sebedule G:	2 FILER NAME EO CARZA 3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	
3112/19	AT+T	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
757,39 Feimbursement from political contributions intended	ONUNE Dallas, TX	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	OFFICE OUBLIFEAU Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH	
Date	Payee name	
3/20/19	Payee address; City; State; Zip Code	
Amount (\$)		
Reimbursement from political contributions intended	303 E. Grauson SAT 78015	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	
OF	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH	
Date	Payee name	
2/22/10	Capparellis on Main	
Arnount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	2524 N. Main Ave SAT 78212	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	FOOD EXPENSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C.		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
413/19	COUNTY LINE
6 Amount (\$)	7 Payee address; City; State; Zip Code
120.77 Reimbursement from	1010(IH-10West
political contributions intended	San Antonio, TX 78230
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	TOO EXPENSE Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
410-119	Daesanos
Amount (\$)	Payee address; City; State; Zip Code
182/16	555 E. Busse
Reimbursement from political contributions intended	Sun Antonio TX 78209
mended	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	TOOD EXACTOR Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
411219	Carrabhas
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from	12507 IHOWest
political contributions intended	San Antonio, TX 79250
	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	TOOD EXPENSE Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 5 Pavee name City; State; Zip Code Dallas, TX political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name MERICAN MINI STORAGE address: City; State; Zip Code 3567 Frederickshuq Rd. Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OVERHEAD **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME TO GAMA 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
6/1/19	Capparelles on Main
6 Amount (\$)	7 Payee address; City; State; Zip Code
52, 44 Reimbursement from political contributions intended	2524 N. Main Ave SAT 78212
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit Co	
Date	Payee name
6/10/10	AMBRICAD MINI STORAGE
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	3567 Frederickshuy Rd. SAT 78201
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co	
Date	Payee name
6/11/19	Liberty BAR
Amount (\$)	Payee address; Cityl State; Zip Code
Reimbursement from political contributions intended	11115 Alamo Sun Antonio Ttx 78201
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Polit Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME OF CARTA 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
6/24/19	ATAT
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	Online Pallas, CV
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.	
Date	Payee name
6179/19	Lassanos
Amount (\$)	Payee address; City; State; Zip Code
5972	555 B. Busse
Reimbursement from	533 C. passe
political contributions intended	Say Antonio, Tx 78209
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	To an Exation Example to Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C.	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	