

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gerald

C

Garza

OFFICE USE ONLY

Date Received

FILED FOR RECORD

AT 10:22 AM

JUL 16 2018

KARA SANDS

CLERK, COUNTY COURT, NUECES COUNTY, TEXAS  
BY WS DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 60197 C.C. TX 78466

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 249-1560

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DR

Velda

Veldq - Trojillo

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4444 Corona, suite 118. C.C. TX 78411

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 225-2525

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
02 / 28 / 2018    THROUGH    07 / 13 / 2018

11 ELECTION

ELECTION DATE

Month Day Year

11 / 06 / 2018

ELECTION TYPE

- Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

district clerk

GO TO PAGE 2

2018-093

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ 370.00

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

\$ 9600.00

EXPENDITURE  
TOTALS

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

\$ 506.49

4. TOTAL POLITICAL EXPENDITURES

\$ 3868.11

CONTRIBUTION  
BALANCE

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

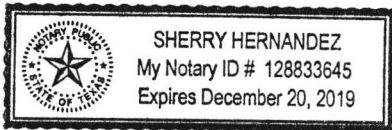
\$ 10837.31

OUTSTANDING  
LOAN TOTALS

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

\$ 8400.00

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.

*Gerald G. Garza*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gerald G. Garza, this the 16<sup>th</sup> day of July, 20 18, to certify which, witness my hand and seal of office.

*Sherry Hernandez*  
Signature of officer administering oath

Sherry Hernandez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gerald Garza

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/18

5 Full name of contributor

Rachel Cox

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

8234 Rock Crest Dr. Corpus Christi TX 78414

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

5/5/18

Full name of contributor

Rose Cavada-Navatta

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

Amount of contribution (\$)

100.00

Contributor address;

14725 SP1D Corpus Christi TX 78418

City; State; Zip Code

Principal occupation / Job title (See Instructions)

real estate agent

Employer (See Instructions)

self

Date

5/31

Full name of contributor

Lee Trujillo

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

Amount of contribution (\$)

750.00

Contributor address;

4730 Woodridge Corpus Christi, TX 78413

City; State; Zip Code

Principal occupation / Job title (See Instructions)

accountant

Employer (See Instructions)

self

Date

5/31

Full name of contributor

Velda Vela - Trojillo PHD

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

Amount of contribution (\$)

500.00

Contributor address;

4444 Corona Corpus Christi, TX 78411

City; State; Zip Code

Principal occupation / Job title (See Instructions)

doctor

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
3 Filer ID (Ethics Commission Filers)

2 FILER NAME  
*Gerald Garza*

4 Date  
*5/7*

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

6 Contributor address; City; State; Zip Code  
*Fresno Corpus Christi, Tx 78411*

7 Amount of contribution (\$)  
*100.00*

8 Principal occupation / Job title (See Instructions)  
*supervisor*

9 Employer (See Instructions)  
*city of c.c.*

Date  
*5/7*

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

Contributor address; City; State; Zip Code  
*Corpus Christi, Tx 7*

Amount of contribution (\$)  
*75.00*

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

Employer (See Instructions)  
*self*

Date  
*4/30*

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

Contributor address; City; State; Zip Code  
*Corpus Christi, Tx*

Amount of contribution (\$)  
*100.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*4/30*

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

Contributor address; City; State; Zip Code  
*Cantera Trail Corpus Christi, Tx*

Amount of contribution (\$)  
*250.00*

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

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gerald Garza

3 Filer ID (Ethics Commission Filers)

4 Date

4/30

5 Full name of contributor

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

Robert Garza

6 Contributor address;

City; State; Zip Code

Aaron Cove Corpus Christi TX

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

estimator

9 Employer (See Instructions)

Alexanders Carpet One

Date

6/13

Full name of contributor

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

Robert Gonzalez

Contributor address;

City; State; Zip Code

5722 Wooldridge C.C. TX 78414

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self

Date

6/13

Full name of contributor

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

Bryan Harris

Contributor address;

City; State; Zip Code

5262 S. Staples C.C. TX 78411

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self

Date

6/13

Full name of contributor

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

McCalco, Ilc.

Contributor address;

City; State; Zip Code

5262 S. Staples C.C. TX 78411

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gerald Garza

3 Filer ID (Ethics Commission Filers)

4 Date

6/13

5 Full name of contributor

Leticia Perez

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

6 Contributor address;

4405 S Shea C.C. TX 78413

City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See instructions)

banker

9 Employer (See instructions)

1st Community

Date

6/13

Full name of contributor

Lori Garza

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

Contributor address;

514 Texas C.C. TX 78404

City; State; Zip Code

Amount of contribution (\$)

300.00

Principal occupation / Job title (See instructions)

manager

Employer (See instructions)

Date

6/13

Full name of contributor

Eduardo Perez

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

Contributor address;

5202 Oso C.C. TX 78413

City; State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

6/13

Full name of contributor

Ernest Juarez

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

Contributor address;

7317 Diamond Ridge C.C. TX 78413

City; State; Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gerald Garza

3 Filer ID (Ethics Commission Filers)

4 Date

6/13

5 Full name of contributor

Ernest Garza

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

6 Contributor address;

City; State; Zip Code

10201 Leopard C.C. TX 78410

7 Amount of contribution (\$)

400.00

8 Principal occupation / Job title (See Instructions)

accountant

9 Employer (See Instructions)

self

Date

6/13

Full name of contributor

Christopher Garza

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

Contributor address;

City; State; Zip Code

2545 Crest Lea C.C. TX 78415

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

contractor

Employer (See Instructions)

self

Date

6/13

Full name of contributor

JC. Callejo

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

Contributor address;

City; State; Zip Code

4902 Bonner C.C. TX 78411

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

plumber

Employer (See Instructions)

Sparkling City Plumbing

Date

6/13

Full name of contributor

Jennifer Warner

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

Contributor address;

City; State; Zip Code

Flushear TX

Amount of contribution (\$)

375.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gerald Garza

3 Filer ID (Ethics Commission Filers)

4 Date

6/13

5 Full name of contributor

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

Arnold Leal

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code

5206 Ponderosa C.C. TX 78415

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

6/13

Full name of contributor

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

Frank Pompa

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

16726 E. Majestic Wichita KS 67280

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Gerald G. Garza</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>7/18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Gerald G. Garza</b>	9 Loan Amount (\$) <b>4150.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>4614 Oxford C.C. TX 78411</b>	10 Interest rate <b>5%</b>
		11 Maturity date <b>11-15-2018</b>
12 Principal occupation / Job title (See Instructions) <b>contractor</b>		13 Employer (See Instructions) <b>self</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gerald Garza</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/18</i>	5 Payee name <i>Cheddar's</i>	
6 Amount (\$) <i>105.71</i>	7 Payee address; City; State; Zip Code <i>5855 SP10 C.C Tx 78412</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <i>7/18</i>	Payee name <i>Democratic Party</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>2701 Morgan C.C. Tx 78405</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ad</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <i>7/18</i>	Payee name <i>Sam's</i>	
Amount (\$) <i>162.88</i>	Payee address; City; State; Zip Code <i>4833 SP10 C.C. Tx 78411</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gerald Garza	3 Filer ID (Ethics Commission Filers)
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4 Date 7/18	5 Payee name Facebook
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6 Amount (\$) 24642	7 Payee address; City; State; Zip Code internet USA
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Boost page (ads)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/18	Payee name River Hills Country Club
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Amount (\$) 200.00	Payee address; City; State; Zip Code 4225 River C.C TX 78410 Hills
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) deposit event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/18	Payee name Katz 21
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Amount (\$) 1441.43	Payee address; City; State; Zip Code 5702 Spohn C.C. TX 78414
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gerald Garza</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/18</i>	5 Payee name <i>HEB</i>
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6 Amount (\$) <i>333.67</i>	7 Payee address; City; State; Zip Code <i>5425 SPID C.C. TX 78411</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Event expenses (3)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>7/18</i>	Payee name <i>Web page (internet)</i>
---------------------	--

Amount (\$) <i>343.00</i>	Payee address; City; State; Zip Code <i>USA</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ads (6 mos.)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/18</i>	Payee name <i>Safeguard</i>
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Amount (\$) <i>735.00</i>	Payee address; City; State; Zip Code <i>5725 Patton C.C. TX 78411</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>storage (6 mos)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gerald Garza</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/18</i>	5 Payee name <i>CCPOA</i>
-----------------------	------------------------------

6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>3122 Leopard C.C. TX 78408</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>ads</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/8</i>	Payee name <i>HEB</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>5425 SP10 C.C. TX 78411</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED