

# 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:<br><div style="text-align: center; font-size: 1.5em;">12</div>                                                                                                                                                                                                                                                                                                 |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MR</span>                                                                                                                                                                                                                                                                                                                        | FIRST<br><div style="text-align: center; font-size: 1.2em;">GERALD</div>                                                                                                                                     | MI<br><div style="text-align: center; font-size: 1.2em;">G</div>                                                                                                                                                                                                                                                                                                                    |
|                                                                                          | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                | LAST<br><div style="text-align: center; font-size: 1.2em;">GARZA</div>                                                                                                                                       | SUFFIX                                                                                                                                                                                                                                                                                                                                                                              |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                                        | CITY; STATE; ZIP CODE                                                                                                                                                                                        | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="font-size: 1.2em;">FILED FOR RECORD<br/>AT 11:27 AM<br/>OCT 05 2018</div><br>KARA SANDS<br>CLERK, COUNTY COURT, JUECES COUNTY, TEXAS<br>BY <u>                    </u> DEPUTY<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount \$<br><br>Date Processed<br><br>Date Imaged |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | AREA CODE                      PHONE NUMBER                      EXTENSION                                                                                                                                                                                                                                                                                                                                              | (361) 249-1560                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| 6 CAMPAIGN TREASURER NAME                                                                | MS / MRS / MR                      FIRST<br><div style="text-align: center; font-size: 1.2em;">DR.                      VELDA</div>                                                                                                                                                                                                                                                                                     | MI<br><div style="text-align: center; font-size: 1.2em;">VELA-TRUJILLO</div>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                     |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                       | CITY; STATE; ZIP CODE                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                     |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE                      PHONE NUMBER                      EXTENSION                                                                                                                                                                                                                                                                                                                                              | (361) 225-2525                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| 9 REPORT TYPE                                                                            | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                     |
| 10 PERIOD COVERED                                                                        | Month                      Day                      Year                      THROUGH                      Month                      Day                      Year<br><div style="font-size: 1.2em; text-align: center;">07 / 14 / 2018                      10 / 05 / 2018</div>                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                     |
| 11 ELECTION                                                                              | ELECTION DATE<br>Month                      Day                      Year<br><div style="font-size: 1.2em;">11 / 06 / 2018</div>                                                                                                                                                                                                                                                                                        | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                                                                                                                                                                                                                                                                                                                                                                     |
| 12 OFFICE                                                                                | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                    | 13 OFFICE SOUGHT (if known)<br><div style="text-align: center; font-size: 1.2em;">DISTRICT CLERK</div>                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                     |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME GERALD GARZA 15 Filer ID (Ethics Commission Filers)

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

|                                                                                                                            |                |                                      |
|----------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|                                                                                                                            |                | COMMITTEE ADDRESS                    |
|                                                                                                                            |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                                                                                                            |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |                                                                                                                       |             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 560.00   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 7300.00  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$ 2147.32  |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 10558.55 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 7273.47  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 10600.00 |

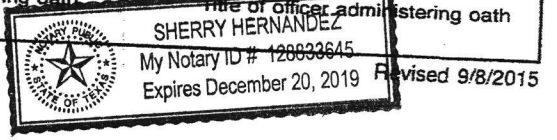
18 AFFIDAVIT  
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 5th day of Oct., 2018, 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 TX Title of officer administering oath



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

**Gerald Garza**

3 Filer ID (Ethics Commission Filers)

4 Date

**7/16**

5 Full name of contributor

**Sico Hoelscher Harris Braugh LLP**

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

6 Contributor address;

**802 N. CARANCAHUA C.C. TX 78401**

City; State; Zip Code

7 Amount of contribution (\$)

**500.00**

8 Principal occupation / Job title (See instructions)

**attorney**

9 Employer (See instructions)

**same**

Date

**7/16**

Full name of contributor

**Bill Dennis**

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

Contributor address;

**3301 Alameda**

City; State; Zip Code

**C.C. TX 78411**

Amount of contribution (\$)

**200.00**

Principal occupation / Job title (See instructions)

**doctor**

Employer (See instructions)

**self**

Date

**7/16**

Full name of contributor

**Blanch Fernandez**

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

Contributor address;

**2174 County Rd 51**

City; State; Zip Code

**C.C. TX 78415**

Amount of contribution (\$)

**200.00**

Principal occupation / Job title (See instructions)

**Health care**

Employer (See instructions)

**self**

Date

**7/16**

Full name of contributor

**POETS**

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

Contributor address;

**Saratoga & Everhart C.C. TX**

City; State; Zip Code

Amount of contribution (\$)

**900.00**

Principal occupation / Job title (See instructions)

**Restaurant**

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: **5**

2 FILER NAME

**Gerald Garza**

3 Filer ID (Ethics Commission Filers)

4 Date

**7/17**

5 Full name of contributor

**Robert Mayne**

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

6 Contributor address;

City; State; Zip Code

**1941 Haven Richmond TX 77469**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

**7/17**

Full name of contributor

**David Villarreal**

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

Contributor address;

City; State; Zip Code

**3909 Roscher C.C. TX 78418**

Amount of contribution (\$)

**300.00**

Principal occupation / Job title (See instructions)

**contractor**

Employer (See instructions)

**self**

Date

**7/18**

Full name of contributor

**Kevin W. Liles P.C.**

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

Contributor address;

City; State; Zip Code

**123 Del Mar C.C. TX 78404**

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See instructions)

**lawyer**

Employer (See instructions)

**self**

Date

**7/18**

Full name of contributor

**Lee Trujillo**

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

Contributor address;

City; State; Zip Code

**4730 Wooldridge C.C. TX 78413**

Amount of contribution (\$)

**600.00**

Principal occupation / Job title (See instructions)

**CPA**

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.

**SCHEDULE A1**

**MONETARY POLITICAL CONTRIBUTIONS**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

3 Filer ID (Ethics Commission Filer)

2 FILER NAME

Gerald Garza

4 Date

5 Full name of contributor

Michael Perez

7/18

6 Contributor address:

4405 Shea Parkway C.C. TX 78413

7 Amount of contribution (\$)

200.00

9 Employer (See instructions)

8 Principal occupation / Job title (See instructions)

Amount of contribution (\$)

200.00

Full name of contributor

Gary Jennings

7/20

Contributor address:

3909 Roher C.C. TX 78418

Employer (See instructions)

self

Principal occupation / Job title (See instructions)

oil field services

Date

Full name of contributor

Leo Rios Jr

7/20

Contributor address:

C.C. TX 784

Employer (See instructions)

self

Principal occupation / Job title (See instructions)

realtor

Date

Full name of contributor

Aminda Garza

7/20

Contributor address:

4614 Oxford C.C. TX 78411

Employer (See instructions)

Alexanders Carpet One

Principal occupation / Job title (See instructions)

sales

Amount of contribution (\$)

600.00

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: **5**

2 FILER NAME

**Gerald Garza**

3 Filer ID (Ethics Commission Filer)

4 Date

7/20

5 Full name of contributor

**Post Acute med LLC**

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

7 Amount of contribution (\$)

600.00

6 Contributor address;

City: State: Zip Code

1828 Good Hope Enola Pa.

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

7/20

Full name of contributor

**Anderson, Lettman Barre & Marzist LLC**

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

Amount of contribution (\$)

250.00

Contributor address;

City: State: Zip Code

1001 3rd street C.C. TX 78404

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

7/20

Full name of contributor

**Wigington, Rumley, Dunn, & Blair LLP**

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

Amount of contribution (\$)

650.00

Contributor address;

City: State: Zip Code

123 Carrizo C.C. TX 78401

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

8/11

Full name of contributor

**Patsy Perez**

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

Amount of contribution (\$)

750.00

Contributor address;

City: State: Zip Code

401 Sharon C.C. TX

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: **5**

2 FILER NAME

**Gerald Garza**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/22**

5 Full name of contributor

**Katherine Forbes**

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

7 Amount of contribution (\$)

**250.00**

6 Contributor address;

City: State: Zip Code

**14838 Santa Gertrudis C.C. TX 78410**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

**9/3**

Full name of contributor

**Brin & Brin**

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

Amount of contribution (\$)

**200.00**

Contributor address;

City: State: Zip Code

**6223 IH10 S.A. TX 78201**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

**8/22**

Full name of contributor

**Automation LLC**

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

Amount of contribution (\$)

**250.00**

Contributor address;

City: State: Zip Code

**PO Box 31514 C.C. TX 78463**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

**9/10**

Full name of contributor

**Anna Marie Silvas**

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

Amount of contribution (\$)

**100.00**

Contributor address;

City: State: Zip Code

**410 N. Saint Mary Beeville TX 78102**

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.

# 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: **4**      2 FILER NAME **GERALD GARZA**      3 Filer ID (Ethics Commission Filers)

4 Date **7/2018**      5 Payee name **TIN RAM**

6 Amount (\$) **637.50**      7 Payee address; City; State; Zip Code **5314 STONEMILL C.C. TX 78413**

8 PURPOSE OF EXPENDITURE **EVENT EXPENSE**

(a) Category (See Categories listed at the top of this schedule)

(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 **7/2018**      Payee name **RIVER HILLS COUNTRY CLUB**

Amount (\$) **2032.00**      Payee address; City; State; Zip Code **4225 RIVER HILLS C.C. TX 78410**

PURPOSE OF EXPENDITURE **EVENT EXPENSE**

Category (See Categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

Date **9/2018**      Payee name **SAFE GUARD**

Amount (\$) **210.00**      Payee address; City; State; Zip Code **1343 STAPLES C.C. TX 78404**

PURPOSE OF EXPENDITURE **STORAGE**

Category (See Categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | 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:<br><b>4</b> | 2 FILER NAME<br><b>GERALD GARZA</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------------|-------------------------------------|---------------------------------------|

|                         |                                      |
|-------------------------|--------------------------------------|
| 4 Date<br><b>7/2018</b> | 5 Payee name<br><b>GOLFBALLS.COM</b> |
|-------------------------|--------------------------------------|

|                                |                                                               |
|--------------------------------|---------------------------------------------------------------|
| 6 Amount (\$)<br><b>221.80</b> | 7 Payee address; City; State; Zip Code<br><b>INTERNET USA</b> |
|--------------------------------|---------------------------------------------------------------|

|                                    |                                                                                          |                                                                                                                                                                                 |
|------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>7/2018</b> | Payee name<br><b>ARROW DISPLAY</b> |
|-----------------------|------------------------------------|

|                               |                                                                           |
|-------------------------------|---------------------------------------------------------------------------|
| Amount (\$)<br><b>2751.72</b> | Payee address; City; State; Zip Code<br><b>1343 STAPLES C.C. TX 78404</b> |
|-------------------------------|---------------------------------------------------------------------------|

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

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

|                       |                                       |
|-----------------------|---------------------------------------|
| Date<br><b>8/2018</b> | Payee name<br><b>DEMOCRATIC PARTY</b> |
|-----------------------|---------------------------------------|

|                               |                                                                               |
|-------------------------------|-------------------------------------------------------------------------------|
| Amount (\$)<br><b>1350.00</b> | Payee address; City; State; Zip Code<br><b>2701 MORGAN #600 C.C. TX 78405</b> |
|-------------------------------|-------------------------------------------------------------------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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:<br><b>4</b> | 2 FILER NAME<br><b>GERALD GARZA</b>                                                      | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |
| 4 Date<br><b>9/2018</b>                | 5 Payee name<br><b>COOPER SIGNS</b>                                                      |                                                                                                                                                                                 |
| 6 Amount (\$)<br><b>2516.00</b>        | 7 Payee address; City; State; Zip Code<br><b>PO BOX 9431 C.C TX 78469</b>                |                                                                                                                                                                                 |
| 8 PURPOSE OF EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISEMENT</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/2018</b>        | Payee name<br><b>SAMS CLUB</b>                                   |  |  |
| Amount (\$)<br><b>169.28</b> | Payee address; City; State; Zip Code<br><b>SPID C.C TX 78411</b> |  |  |

|                        |                                                                                      |                                                                                                                                                                             |
|------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/2018</b>        | Payee name<br><b>ON LINE SHIRTS</b>                         |  |  |
| Amount (\$)<br><b>344.73</b> | Payee address; City; State; Zip Code<br><b>INTERNET USA</b> |  |  |

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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:<br><b>4</b> | 2 FILER NAME<br><b>GERALD GARZA</b>                                             | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |
| 4 Date<br><b>8/2018</b>                | 5 Payee name<br><b>BUCARAIDERS</b>                                              |                                                                                                                                                                                 |
| 6 Amount (\$)<br><b>130.00</b>         | 7 Payee address; City; State; Zip Code<br><b>1823 CHAPARREL C.C. TX 78401</b>   |                                                                                                                                                                                 |
| 8<br><b>PURPOSE OF EXPENDITURE</b>     | (a) Category (See Categories listed at the top of this schedule)<br><b>FEES</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/2018</b>        | Payee name<br><b>HOME DEPOT</b>                                   |  |  |
| Amount (\$)<br><b>195.52</b> | Payee address; City; State; Zip Code<br><b>SPID C.C. TX 78411</b> |  |  |

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

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

|             |                                      |  |  |
|-------------|--------------------------------------|--|--|
| Date        | Payee name                           |  |  |
| Amount (\$) | Payee address; City; State; Zip Code |  |  |

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

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

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

**LOANS**

**SCHEDULE E**

|                                                                             |                                                                                                    |                                                                                                                 |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                   |                                                                                                    | 1 Total pages Schedule E:<br><u>1</u>                                                                           |
| 2 FILER NAME<br><i>Gerald G. Garza</i>                                      |                                                                                                    | 3 Filer ID (Ethics Commission Filers)                                                                           |
| 4 TOTAL OF UNITEMIZED LOANS                                                 |                                                                                                    | \$                                                                                                              |
| 5 Date of loan<br><i>9/18</i>                                               | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><i>Gerald G. Garza</i> | 9 Loan Amount (\$)<br><i>2200.00</i>                                                                            |
| 6 Is lender a financial institution?<br><i>Y (N)</i>                        | 8 Lender address; City; State; Zip Code<br><i>4614 Oxford C.C. TX 78411</i>                        | 10 Interest rate<br><i>5%</i>                                                                                   |
|                                                                             |                                                                                                    | 11 Maturity date<br><i>11-15-2018</i>                                                                           |
| 12 Principal occupation / Job title (See Instructions)<br><i>contractor</i> |                                                                                                    | 13 Employer (See Instructions)<br><i>self</i>                                                                   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none    |                                                                                                    | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable     | 17 Name of guarantor<br><br>18 Guarantor address; City; State; Zip Code                            | 19 Amount Guaranteed (\$)                                                                                       |
| 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?<br><i>Y N</i>                            | Lender address; City; State; Zip Code                                                              | Interest rate                                                                                                   |
|                                                                             |                                                                                                    | Maturity date                                                                                                   |
| Principal occupation / Job title (See Instructions)                         |                                                                                                    | Employer (See Instructions)                                                                                     |
| Description of Collateral<br><input type="checkbox"/> none                  |                                                                                                    | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable        | Name of guarantor<br><br>Guarantor address; City; State; Zip Code                                  | Amount Guaranteed (\$)                                                                                          |
| 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.