

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|---|---|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">15</p> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MR. ERIC <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-weight: bold; font-size: 1.2em;">GARZA</p> | <div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; font-weight: bold; margin: 0;">DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="text-align: center; font-size: 1.5em; margin: 5px 0;">JAN 15 2015</p> <p style="text-align: right; font-size: 1.2em; margin: 0;">04:35pm</p> <p style="text-align: center; font-weight: bold; margin: 5px 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">[Signature]</p> <p style="font-size: 0.8em; margin: 0;">Date Received Date Hand-delivered or Postmarked</p> <p style="font-size: 0.8em; margin: 0;">Receipt # Amount</p> <p style="font-size: 0.8em; margin: 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 0;">Date Imaged</p> </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-weight: bold; font-size: 1.2em;">P O BOX 4173 BROWNSVILLE TX 78520-4173</p> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <p style="font-weight: bold; font-size: 1.2em;">(956) 551-0155</p> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR R. BRUCE <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-weight: bold; font-size: 1.2em;">THARPE</p> | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-weight: bold; font-size: 1.2em;">801 E VAN BUREN ST BROWNSVILLE TX 78520</p> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <p style="font-weight: bold; font-size: 1.2em;">(956) 551-0155</p> | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <p style="font-weight: bold; font-size: 1.2em;">07 / 31 / 2014 THROUGH 12 / 31 / 2014</p> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <p style="font-weight: bold; font-size: 1.2em;">11 / 04 / 2014</p> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <p style="font-weight: bold; font-size: 1.2em;">N/A</p> | 13 OFFICE SOUGHT (if known) <p style="font-weight: bold; font-size: 1.2em;">CAMERON COUNTY DISTRICT CLERK</p> | |
| <p style="font-weight: bold; font-size: 1.2em;">GO TO PAGE 2</p> | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME **ERIC GARZA** **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | N/A |
| | | COMMITTEE ADDRESS |
| | | N/A |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | N/A |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | | N/A |

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|--------------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 250.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,495.27 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 225.82 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 8,500.00 |

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.

[Handwritten Signature]
Signature of Candidate or Officeholder
ERIC GARZA

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **ERIC GARZA**, this the **15TH** day of **JANUARY**, 20 **15**, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Sylvia Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 1 | |
| 2 FILER NAME ERIC GARZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 11/11/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/TEXAS ASSN OF REALTORS PAC 6 Contributor address; City; State; Zip Code P O BOX 2246 AUSTIN TX 78768 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) ASSOCIATION | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F: 1 OF 5 | | 2 FILER NAME ERIC GARZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 06/10/2014 | | 5 Payee name HERMANOS TIRE SERVICE | | | |
| 6 Amount (\$) \$40.00 | | 7 Payee address; City; State; Zip Code SAN BENITO, TEXAS | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) AUTO EXPENSE | | (b) Description (If travel outside of Texas, complete Schedule T) REPLACEMENT TIRE | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 06/02/2014 | | Payee name CAMPAIGNER | | | |
| Amount (\$) \$55.00 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) MARKETING | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 06/03/2014 | | Payee name STRIPES | | | |
| Amount (\$) \$32.84 | | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) AUTO EXPENSE | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 06/30/2014 | | Payee name IBC | | | |
| Amount (\$) \$12.00 | | Payee address; City; State; Zip Code BROWNSVILLE, TX 78521 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) BANKING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) ANALYSIS CHARGE | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F: 2 OF 5 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
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|------------------------------------|--|
| 4 Date 07/02/2014 | 5 Payee name CAMPAIGNER |
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| 6 Amount (\$) \$55.00 | 7 Payee address; City; State; Zip Code |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) MARKETING |
|---------------------------------|--|---|

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

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|---------------------------|--|
| Date 07/14/2014 | Payee name LAS PALMAS BAKERY |
|---------------------------|--|

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|------------------------------|--|
| Amount (\$) \$6.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) COFFEE |
|------------------------|--|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|---------------------------|------------------------------------|
| Date 07/16/2014 | Payee name GREASE MONKEY |
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| Amount (\$) 34.40 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) AUTO EXPENSE | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

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|---------------------------|--------------------------------|
| Date 07/17/2014 | Payee name AUTO ZONE |
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| Amount (\$) \$21.64 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) AUTO EXPENSE | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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|--|-------------------------------|---------------|-------------|
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F: 3 OF 5 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 07/18/2014 | 5 Payee name STRIPES | |
| 6 Amount (\$) \$46.00 | 7 Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) AUTO EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 07/28/2014 | Payee name STRIPES | |
| Amount (\$) \$12.95 | Payee address; City; State; Zip Code HARLINGEN, TX 78550 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) AUTO EXPENSE | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 07/28/2014 | Payee name WAL-MART | |
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) GIFT EXPENSE | Description (If travel outside of Texas, complete Schedule T) RAFFLE DONATION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 07/31/2014 | Payee name IBC | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) ANALYSIS CHARGE |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: 4 OF 5 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 08/04/2014 | 5 Payee name CAMPAIGNER | |
| 6 Amount (\$) \$55.00 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) MARKETING |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 08/06/2014 | Payee name USPS | |
| Amount (\$) \$37.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OFFICE EXPENSE | Description (If travel outside of Texas, complete Schedule T) POST OFFICE BOX |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/30/2014 | Payee name IBC | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) ANALYSIS CHARGE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/31/2014 | Payee name IBC | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) ANALYSIS CHARGE |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: 5 OF 5 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 11/30/2014 | 5 Payee name IBC | |
| 6 Amount (\$) \$3.29 | 7 Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) BANKING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/30/2014 | Payee name IBC | |
| Amount (\$) 12.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) ANALYSIS FEE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 12/31/2014 | Payee name IBC | |
| Amount (\$) \$0.18 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 12/31/2014 | Payee name IBC | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BANKING EXPENSE | Description (If travel outside of Texas, complete Schedule T) ANALYSIS CHARGE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: 1 OF 7 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
|---|--|---|

| | |
|------------------------------------|---|
| 4 Date 12/02/2014 | 5 Payee name FAMILY DOLLAR |
|------------------------------------|---|

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|---|---|
| 6 Amount (\$) \$47.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1415 E RINGGOLD ST BROWNSVILLE TX 78520 |
|---|---|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

| | |
|---------------------------|------------------------------------|
| Date 12/02/2014 | Payee name FAMILY DOLLAR |
|---------------------------|------------------------------------|

| | |
|---|--|
| Amount (\$) 5.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1415 E RINGGOLD ST BROWNSVILLE TX 78520 |
|---|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OFFICE EXPENSE | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | |
|---------------------------|--------------------------------------|
| Date 10/31/2014 | Payee name CANO PRODUCE CO |
|---------------------------|--------------------------------------|

| | |
|--|--|
| Amount (\$) \$22.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2021 N 77 SUNSHINE STRIP HARLINGEN TX 78550 |
|--|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) DONATION FOR RACE |
|------------------------|--|---|

| | |
|---------------------------|--------------------------------|
| Date 12/01/2014 | Payee name CRAFTLAND |
|---------------------------|--------------------------------|

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|--|--|
| Amount (\$) \$10.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1100 E WASHINGTON ST BROWNSVILLE TX 78520 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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|---|--|---|--|---|--|
| 1 Total pages Schedule G: 2 OF 7 | | 2 FILER NAME ERIC GARZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 12/01/2014 | | 5 Payee name CRAFT LAND | | | |
| 6 Amount (\$) \$51.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 1100 E WASHINGTON ST BROWNSVILLE TX 78520 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description (If travel outside of Texas, complete Schedule T) DONATIONS | |
| Date 12/03/2014 | | Payee name ADOLIOS | | | |
| Amount (\$) \$75.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) TEDDY BEARS FOR COPS AND KIDS | |
| Date 12/02/2014 | | Payee name FAMILY DOLLAR | | | |
| Amount (\$) \$17.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 1601 E PRICE ROAD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) TEDDY BEARS FOR COPS AND KIDS | |
| Date 10/10/2014 | | Payee name TIP OF TEXAS FAMILY OUTREACH | | | |
| Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) DONATION | |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule G: 3 OF 7 | | 2 FILER NAME ERIC GARZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 11/01/2014 | | 5 Payee name MARY MOTHER OF THE CHURCH | | | |
| 6 Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 1914 BARNARD ROAD BROWNSVILLE TX 78520 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description (If travel outside of Texas, complete Schedule T) DONATION | |
| Date 09/01/2014 | | Payee name THE HOME DEPOT | | | |
| Amount (\$) \$17.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 605 W MORRISON ROAD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) DONATION | |
| Date 12/16/2014 | | Payee name FAMILY DOLLAR | | | |
| Amount (\$) \$64.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 1908 OLD PORT ISABEL ROAD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) DONATION GIFTS | |
| Date 12/17/2014 | | Payee name FAMILY DOLLAR | | | |
| Amount (\$) \$56.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 65 S CLUBHOUSE ROAD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) DONATION GIFTS | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule G: 4 OF 7 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
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| 4 Date 10/14/2014 | 5 Payee name USPS |
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| 6 Amount (\$) \$59.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code BROWNSVILLE, TEXAS |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) POSTAGE |
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| Date 10/17/2014 | Payee name USPS |
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| Amount (\$) \$59.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) POSTAGE |
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| Date 12/30/2014 | Payee name HOBBY LOBBY |
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| Amount (\$) \$23.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2209 W LINCOLN HARLINGEN TX 78550 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) EVENT EXPENSE | Description (If travel outside of Texas, complete Schedule T) SWEARING IN CEREMONY |
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|---------------------------|-------------------------------|
| Date 12/31/2014 | Payee name MICHAELS |
|---------------------------|-------------------------------|

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|--|---|
| Amount (\$) \$23.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 571 E MORRISON RD BROWNSVILLE TX 78526 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) EVENT EXPENSE | Description (If travel outside of Texas, complete Schedule T) SWEARING IN CEREMONY |
|------------------------|--|--|

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule G: 5 OF 7 | | 2 FILER NAME ERIC GARZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 12/30/2014 | | 5 Payee name WAL-MART | | | |
| 6 Amount (\$) \$48.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 3.500 W ALTON GLOOR BLVD BROWNSVILLE TX 78520 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) EVENT EXPENSE | | (b) Description (If travel outside of Texas, complete Schedule T) SWEARING IN CEREMONY | |
| Date 12/20/2014 | | Payee name MONTERREY TORTILLERIA | | | |
| Amount (\$) \$15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 384 MILITARY HWY 281 BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION | |
| Date 12/18/2014 | | Payee name HEB | | | |
| Amount (\$) \$16.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 1628 CENTRAL BLVD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION | |
| Date 12/14/2014 | | Payee name WALGREENS | | | |
| Amount (\$) \$3.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 1525 CENTRAL BLVD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION | |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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|---|--|---|--|--|--|
| 1 Total pages Schedule G: 6 OF 7 | | 2 FILER NAME ERIC GARZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 12/14/2014 | | 5 Payee name WALGREENS | | | |
| 6 Amount (\$) \$3.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 1525 CENTRAL BLVD BROWNSVILLE TX 78520 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) EVENT EXPENSE | | (b) Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION | |
| Date 12/18/2014 | | Payee name WALGREENS | | | |
| Amount (\$) \$3.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 1525 CENTRAL BLVD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) CHRISTMAS BREAKFAST DONATION | |
| Date 12/23/2014 | | Payee name HEB | | | |
| Amount (\$) \$7.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 1628 CENTRAL BLVD BROWNSVILLE TX 78520 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) CHRISTMAS LUNCHEON DONATION | |
| Date 12/20/2014 | | Payee name FRANCISO RODRIGUEZ | | | |
| Amount (\$) \$125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code SAN BENITO, TEXAS | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) EASTER | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule G: 7 OF 7 | 2 FILER NAME ERIC GARZA | 3 ACCOUNT # (Ethics Commission Filers) |
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|------------------------------------|--|
| 4 Date 09/02/2014 | 5 Payee name CAMPAIGNER |
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| 6 Amount (\$) \$55.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) MARKETING |
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| Date 10/02/2014 | Payee name CAMPAIGNER |
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| Amount (\$) \$55.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) MARKETING |
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| Date 11/02/2014 | Payee name CAMPAIGNER |
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| Amount (\$) \$55.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) MARKETING |
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| Date | Payee name |
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| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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