

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: <div style="text-align: right; font-size: 1.2em;">21</div>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Ed	MI	OFFICE USE ONLY Date Received 04-01-21A11:47 RC Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME	LAST Garza	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1903 W. Magnolia San Antonio, Texas 78201						
	AREA CODE PHONE NUMBER EXTENSION (210) 355-8565						
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST	MI				
	Ms.	Grace					
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST	SUFFIX				
		Villarreal					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3715 Sunshine Ranch San Antonio, Texas 78228						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(210)	834-4960					
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 (Officelholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	21		3	22	21
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description Local/Municipal	
	5	1	21	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) SAISD Dist. 7 School Board			13 OFFICE SOUGHT (if known) Same			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Ed Garza		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,125.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,351.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,274.37

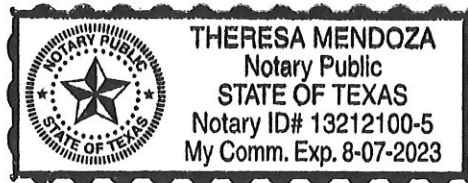
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by ED GARZA this the 1st day of April,

20 21, to certify which, witness my hand and seal of office.

Theresa Mendoza Signature of officer administering oath
Theresa Mendoza Printed name of officer administering oath
notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Ed Garza		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,274.37
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,178.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 946.97
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Manny Ruiz 6 Contributor address; City; State; Zip Code 13554 Norland St SAT 78232	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Banking		9 Employer (See Instructions) TexStar
Date 02/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Rene Gonzalez Contributor address; City; State; Zip Code 7500 Callaghan SAT 78229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Garza Gonzalez CPA's
Date 02/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Debra Ann Guerrero Contributor address; City; State; Zip Code 3915 Skylark Ave SAT 78210	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Housing		Employer (See Instructions) NRP Group
Date 02/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Clermont LLC Contributor address; City; State; Zip Code 7334 Blanco SAT 78216	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Housing		Employer (See Instructions) Clermont LLC
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Martin & Drought PC	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 112 East Pecan SAT 78205		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Martin & Drought PC
Date 02/22/2021	Full name of contributor out-of-state PAC (ID#: _____) Pat Frost	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 520 Geneseo Rd SAT 78209		
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Frost Bank
Date 02/22/2021	Full name of contributor out-of-state PAC (ID#: _____) Richard Cavender	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 21105 IH 10 West SAT 78257		
Principal occupation / Job title (See Instructions) Automotive		Employer (See Instructions) Cavender
Date 02/22/2021	Full name of contributor out-of-state PAC (ID#: _____) Ross Properties LLC	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code P.O. Box 28490 SAT 78228		
Principal occupation / Job title (See Instructions) Housing		Employer (See Instructions) Ross Properties
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Doug Poneck 6 Contributor address; City; State; Zip Code 127 W. Woodlawn SAT 78212	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Escamilla & Poneck
Date 02/24/2021	Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428 SAT 78780	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Tax Collection		Employer (See Instructions) Linebarger Googan Blair & Sampson LLC
Date 02/24/2021	Full name of contributor out-of-state PAC (ID#: _____) Manny Villa Contributor address; City; State; Zip Code 999 E. Basse SAT 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Via Technology
Date 02/26/2021	Full name of contributor out-of-state PAC (ID#: _____) Gary Joeris Contributor address; City; State; Zip Code P.O. Box 790086	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Joeris Construction
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Pablo Escamilla 6 Contributor address; City; State; Zip Code 1301 Richmond Ave SAT 77006	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Escamilla & Poneck
Date 02/26/2021	Full name of contributor out-of-state PAC (ID#: _____) Maria Antoniette Joeris Contributor address; City; State; Zip Code P.O. Box 790066 SAT 78279	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Salon Visage
Date 03/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Julie Gutierrez Contributor address; City; State; Zip Code 4515 Fairway Dallas, TX 75219	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CoreCMCI
Date 03/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Daniel Barrett Contributor address; City; State; Zip Code 1407 Viewridge Dr SAT 78213	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Barrett Insurance
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Blue Ribbon Management LLC	7 Amount of contribution (\$) 2,750.00
	6 Contributor address; City; State; Zip Code 7310 Blanco SAT 78216	
8 Principal occupation / Job title (See Instructions) Asset Management		9 Employer (See Instructions) Blue Ribbon LLC
Date 03/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Michelle Ruiz	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 2301 W. Kings Hwy SAT 78201	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 03/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Paul Foster	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 1815 Fieldstone Rd SAT 78232	
Principal occupation / Job title (See Instructions) Project Management		Employer (See Instructions) CM Group
Date 03/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Rialto Studio LLC	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2425 Broadway SAT 78215	
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Rialto

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Bertha De La Garza	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 222 Heavens Way SAT 78260		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 03/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Norma Rodriguez	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 2101 W. Summit Ave SAT 78201		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 03/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Diana Del Valle	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1850 W. Kings Hwy SAT 78201		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 03/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Deborah Serna	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 20403 Terrabianca SAT 78258		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Brown & Ortiz PC	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 112 E. Pecan SAT 78205		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Brown & Ortiz
Date 03/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Bliss Weller	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3611 Gran Hts SAT 78269		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 03/10/2021	Full name of contributor out-of-state PAC (ID#: _____) David Christian	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code 1800 McCullough SAT 78212		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 03/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Emma Garza	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 1333 Lee Hall SAT 78201		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Martinez 6 Contributor address; City; State; Zip Code 300 Riverside Dr. Austin, TX 78704	7 Amount of contribution (\$) 800.00
8 Principal occupation / Job title (See Instructions) Business Admin.		9 Employer (See Instructions) Self
Date 03/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Karen Reyes Contributor address; City; State; Zip Code 3937 Octavia Dr. Pflugerville, TX 78660	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 03/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Marques Mitchell Contributor address; City; State; Zip Code 12803 West Ave. SAT 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Turner
Date 03/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Sabinal Group LLC Contributor address; City; State; Zip Code 237 W. Travis SAT 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Sabinal Group
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Tony Davila 6 Contributor address; City; State; Zip Code 6727 Lazyridge Dr. SAT 78229	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) Self
Date 03/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Pat Kennedy Contributor address; City; State; Zip Code 112 E. Pecan St. SAT 78206	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 03/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Roberto Gonzalez Contributor address; City; State; Zip Code 1747 Fawn Gate SAT 78248	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GGC Consultants
Date 03/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Phillip Cortez for State Rep. Contributor address; City; State; Zip Code 7919 Liberty Island SAT 78227	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Educational Leadership		Employer (See Instructions) State of Texas
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Dan Hughes 6 Contributor address; City; State; Zip Code 745 E. Mulberry SAT 78212	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Petroleum Exploration		9 Employer (See Instructions) Dan Hughes Company
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,100.00	
5 Date 03/18/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Benavidez 7 Contributor address; City; State; Zip Code 237 W. Travis SAT 78205	8 Amount of Contribution \$ 1,100.00	9 In-kind contribution description Yard Signs Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Co-Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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 Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME Ed Garza		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,274.37
5 Date of loan 12/31/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward D. Garza	9 Loan Amount (\$) 4,327.40
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1903 W. Magnolia SAT 78201	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) J.L. Powers & Associates
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 03/31/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward D. Garza	Loan Amount (\$) 946.97
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 1903 W. Magnolia SAT 78201	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) J.L. Powers & Associates
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 Ed Garza	3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2021	5 Payee name Lone Star National Bank	
6 Amount (\$) 8.00	7 Payee address; City; State; Zip Code 7954 Fredericksburg Road SAT 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Service Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/01/2021	Payee name Chile Media	
Amount (\$) 5,517.51	Payee address; City; State; Zip Code 10000 IH 10 West SAT 78230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/03/2021	Payee name AVIS Rent-A-Car	
Amount (\$) 134.01	Payee address; City; State; Zip Code 9559 Airport Blvd SAT 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Rental	Description Yard Sign Delivery
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Ed Garza	3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2021	5 Payee name The Political Group	
6 Amount (\$) 1,904.48	7 Payee address; City; State; Zip Code P.O. Box 300394 SAT 78240	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	(b) Description Hyper-Phone
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/04/2021	Payee name Election Support Services	
Amount (\$) 526.70	Payee address; City; State; Zip Code 2611 Rompel Pass SAT 78232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Voter Data
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/04/2021	Payee name Chile Media	
Amount (\$) 1,492.78	Payee address; City; State; Zip Code 10000 IH 10 West SAT 78230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Ed Garza	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2021	5 Payee name Chile Media	
6 Amount (\$) 483.33	7 Payee address; City; State; Zip Code 10000 IH 10 West SAT 78230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/13/2021	Payee name Joey Salazar	
Amount (\$) 200.00	Payee address; City; State; Zip Code 3300 Hillcrest Dr SAT 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation	Description Police Officer Salazar BBQ Fundraiser
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/15/2021	Payee name Lone Star National Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code 7954 Fredericksburg Road SAT 78229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Service Charge
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Ed Garza	3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2021	5 Payee name Viva Politics	
6 Amount (\$) 3,000.00	7 Payee address; 1850 Fredericksburg Rd SAT 78201 <div style="text-align: right; font-size: 0.8em;">City; State; Zip Code</div>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Messaging & GOTV
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/22/2021	Payee name Prestige Printing	
Amount (\$) 1,314.16	Payee address; 8 Burwood Lane SAT 78216 <div style="text-align: right; font-size: 0.8em;">City; State; Zip Code</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door Hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/22/2021	Payee name Chile Media	
Amount (\$) 592.68	Payee address; 10000 IH 10 West SAT 78240 <div style="text-align: right; font-size: 0.8em;">City; State; Zip Code</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs and T-Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G: 2	2 FILER NAME Ed Garza	3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2021	5 Payee name AT&T	
6 Amount (\$) 126.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1010 N. St. Mary's St. SAT 78215	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Phone/Internet
	(c) 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 02/01/2021	Payee name AT&T	
Amount (\$) 126.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1010 N. St. Mary's St. SAT 78215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Phone/Internet
	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 03/01/2021	Payee name AT&T	
Amount (\$) 126.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1010 N. St. Mary's St. SAT 78215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Phone/Internet
	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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G:	2 FILER NAME Ed Garza	3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2021	5 Payee name VAN	
6 Amount (\$) 235.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1844 Fredericksburg Road SAT 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Voter Data
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/16/2021	Payee name Northeast Texas College Fundraiser	
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2886 FM 1735 Mt. Pleasant, TX 75455	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description Fernando Osorio
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/07/2021	Payee name Nike Inc.	
Amount (\$) 233.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Bowerman Drive Beaverton, Oregon 97005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation	Description Donation of Cleats
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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