CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages file	ed: 21
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	FIRST Ed		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Garza		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 1903 W. Magno San Antonio, T		CITY; STAT	TE; ZIP CODE	07-15-21P	04:04 No.L
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 355-8565	ЕХТІ	ENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	Ms/MRS/MR Ms.	FIRST Grace		м	Receipt #	Amount \$
NAME	NICKNAME	Villerreal		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street ADDRESS (NO 3715 Sunshine San Antonio, T		SUITE #; (CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(210)	PHONE NUMBER 834-4960	ЕХТ	ENSION		
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e		Runoff Exceeded Modified Reporting Limit	treasurer ap (Officeholde	
10 PERIOD COVERED	Month 4	Day Year 23 / 21	THROUGH	Month 6	Day Year / 30 / 21	
11 ELECTION	Month Day 5 / 1	Year Primary 21 Genera		ELECTION TYPE Other Description Local/Municip		
12 OFFICE	OFFICE HELD (if any) SAISD Dist.	7 School Boa	1	ICE SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHO CONSENT. CANDIDATES AND	F POLITICAL CONTRIBUTION DLDER. THESE EXPENDITUR D OFFICEHOLDERS ARE REQU OMMITTEE NAME	ES MAY HAVE BEEN MA	ADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	OMMITTEE ADDRESS	REASURER NAME			
	c	OMMITTEE CAMPAIGN T	REASURER ADDRES	s		
1		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	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,187.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 11,327.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 6,097.30
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>y</i> :
(1) Affidavit		
NOTARY STAMP/SEA	L,	
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	language and the second of the
(2) Unsworn Declarati	on	
My name is Ed Garza	a, and my date of birth is	01-30-1969
My address is 1903 W	. Magnolia San Antonio , T.	X , 78201 , USA
Executed in Bexar	(street) (city) (city) (county, State of Texas , on the 15th day of July (month)	state) (zip code) (country) , 20 <mark>21</mark> n) (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN		20 Filer ID (Ethics Co	mmiss	sion Filers)
	d Garz	<u> </u>			
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	10	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,150.00
2.	111	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	400.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00
4.	4. SCHEDULE E: LOANS			\$	6,097.30
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	16,683.48
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	503.65
10.	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 CO	ONTRIBUTIONS	\$	0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$	0.00
-					

SCHEDULE A1

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

	63965		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Manuel Villa	C (ID#:)	7 Amount of contribution (\$)
04/23/2021	6 Contributor address; City; 999 E. Basse Rd San Antonio,	State; Zip Code	500.00
8 Principal occup Technology	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/23/2021	Contributor address; City; 8906 Lockway St. San Antonio	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAr		Amount of contribution (\$)
04/23/2021	Linebarger Goggan Blair & Sar Contributor address; City; P.O. Box 17428 Austin,	State; Zip Code	500.00
Principal occup Tax Collectio	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/23/2021	Weiss Realty LLC Contributor address; City; 730 North Postoak Rd Houstor	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2021	Full name of contributor out-of-state PAG Melissa Carrillo Contributor address; City; 219 Alexander Hamilton San Antoni	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu Government	pation / Job title (See Instructions) Relations	9 Employer (See Instruct	lions)
Date 04/29/2021	Full name of contributor out-of-state PA Justin Rodriguez Campaign Contributor address; City; P.O. Box 100153 San Antonio,	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct Bexar County	tions)
Date 04/29/2021	Full name of contributor out-of-state PA Clermont LLC Contributor address; City; 7334 Blanco Rd San Antonio,	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup Housing	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/29/2021	Full name of contributor Edna Griffin Contributor address; 7915 Woodchase Dr San Anto	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		IFFRED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

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

SCHEDULE A1

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

7			
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
² FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Marc Rodriguez	:)	7 Amount of contribution (\$)
05/03/2021	6 Contributor address; City; S 1122 Colorado St. Austin,	Tx 78701	500.00
8 Principal occu Attorney	pation / Job title (See Instructions) 9 Se	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)
05/03/2021	Michael Lackey Contributor address; City; S P.O. Box 830405 San Antonio, Tx	State; Zip Code	500.00
Principal occup Engineer	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)
05/03/2021		State; Zip Code Tx 78207	250.00
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID)	#)	Amount of contribution (\$)
05/07/2021		State; Zip Code	2,500.00
	P.O. Box 790086 San Antonio, Ta	x 78279	
Principal occur Construction	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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

If the requested information is not applicable, bo Not include this page in the report.					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
² FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC San Antonio Kids First	(ID#:)	7 Amount of contribution (\$)		
06/08/2021	6 Contributor address; City; 4007 McCullough San Antonio,	State; Zip Code	500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
06/08/2021	Contributor address; City; 1119 Lakewood Dr McKinney,	State; Zip Code	250.00		
Principal occup Consultant	eation / Job title (See Instructions)	Employer (See Instruct Yearout	ions)		
Date		(ID#:)	Amount of contribution (\$)		
06/08/2021	Patricia Vasquez Contributor address; City; 1702 Portage Path San Antonio	State; Zip Code	100.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup) pation / Job title (See Instructions)	Employer (See Instruc	tions)		
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.

Th	e Instruction Guide explains how to complete this form	١.	1 Total pages Schedule A2:		
² FILER NAME Ed Garza			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 400.00		
5 Date 04/30/2021	6 Full name of contributor □ out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description 150.00 Phone Bank			
	323 Crestview Dr Balcones Heights, Tx 7	Zip Code 8201	l Check if travel outside of Texas. Complete Schedule T.		
Retired	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe Retired	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 04/30/2021	Ryan Hecker Contributor address; City; State; Zip Code P.O. Box 1176 Austin, Tx 78701		Amount of Contribution \$ In-kind contribution description Digital Ads Check if travel outside of Texas. Complete Schedule T.		
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) ng Director		er (FOR NON-JUDICIAL)(See Instructions)		
	s principal occupation (FOR JUDICIAL)		ibutor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	w firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
	ATTACH ADDITIONAL CODIES OF	ruie ecuen	III E A C NEEDED		

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	Finclude this page in the rep	oort.	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Ed Garza				
4 TOTAL OF UN	ITEMIZED LOANS		\$ 6,097.30	
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
04/22/2021	Ed Garza		5,593.65	
6 Is lender a financial Institution?	8 Lender address; City; 1903 W. Magnolia	State; Zip Code	10 Interest rate 0.00	
Y N	San Antonio, Tx 78201		11 Maturity date	
12 Principal occupation Consultant	on / Job title (See Instructions)	13 Employer (See Instructions) J.L. Powers & Asso	ciates	
14 Description of Colla	ateral	15	ds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
06/30/2021	Ed Garza		503.65	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate 0.00	
Institution?	San Antonio, Tx 78201		Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Consultant		J.L. Powers & Asso	ciates	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	ion (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.				

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date 04/26/2021	5 Payee name Enrique Mendez	*	L	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
305.50	427 Club Dr. San Antonio, TX 78201			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/26/2021	Chile Media			
Amount (\$)	Payee address;	City;	State;	Zip Code
703.63	10000 I-H 10 West San Antonio, Tx 78230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Signs		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/26/2021	Viva Politics			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,525.00	1850 Fredericksburg Rd San Antonio, Tx78201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expenses	Field Director		
	Check if travel outside of Texas, Complete Schedule T,	Check if Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ed Garza 5 Payee name 04/26/2021 **Prestige Printing** 7 Payee address; Zip Code 6 Amount (\$) City; State: 8 Burwood Ln. 1,027.29 San Antonio, Tx 78216 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Mailer **Printing Expense** PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date The Political Group 04/27/2021 Amount (\$) City; State: Zip Code Payee address; P.O. 300394 500.00 San Antonio, TX 78240 Category (See Categories listed at the top of this schedule) Description Polling Expense Hyper Group 3 PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/29/2021 Ana Sandoval Campaign Payee address; Amount (\$) City; State; Zip Code 1222 Donaldson Ave. 500.00 San Antonio, Tx 78228 Category (See Categories listed at the top of this schedule) Description Contribution PURPOSE City Council District 7 OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	nry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	s Commission Filers)
4 Date 04/29/2021	5 Payee name Alamo Mailing			
6 Amount (\$) 1,468.87	7 Payee address; 13114 Lookout Run San Antonio, Tx 78233	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living) expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/29/2021	Prestige Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,498.18	8 Burwood Ln. San Antonio, Tx 78216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mailer		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/03/2021	The Original Donut Shop			
Amount (\$) 71.26	Payee address; 3307 Fredericksburg Rd. San Antonio, TX 78201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Volunteer App	reciation	
	Check if travel outside of Texas, Complete Schedule T,	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polfing 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 Ed Garza 5 Payee name 4 Date 05/03/2021 Chick-Fil-A 7 Payee address; Zip Code 6 Amount (\$) City; State: 4455 Fredericksburg Rd. 118.88 San Antonio, Tx 78201 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Volunteer Appreciation Food Expense **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Chile Media 05/03/2021 State; Zip Code City; Amount (\$) Payee address; 100000 I-H 10 West 403.23 San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Description Event Expense Shirts **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/03/2021 Deco Pizzeria Amount (\$) Payee address; City; State; Zip Code 1815 Fredericksburg Rd 575.56 San Antonio, TX 78201 Category (See Categories listed at the top of this schedule) Description PURPOSE Food Expense Victory Celebration Event OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ed Garza 5 Payee name 05/03/2021 Laura Barberena Zip Code 6 Amount (\$) 7 Payee address; State: City; 1850 Fredericksburg Rd. 2,340.00 San Antonio, Tx 78201 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Field Director Consulting Expense **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/04/2021 PayPal- 2 Cent Autocalls Amount (\$) City; State; Zip Code Payee address; 19107 Two River In 50.00Boca Raton, FL 33498 Category (See Categories listed at the top of this schedule) Description Robo Calls Polling Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/07/2021 Carrabbas Payee address; Amount (\$) City; Zip Code State: 12507 IH 10 West 94.75 San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Description Volunteer Appreciation Food Expense PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date 05/17/2021	5 Payee name Enrique Mendez			
6 Amount (\$) 311.00	7 Payee address; 427 Club Dr. San Antonio, Tx 78201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
05/19/2021	Monarch Trophy Studio			
Amount (\$)	Payee address;	City;	State;	Zip Code
86.00	16227 San Pedro San Antonio, TX 78232			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Awards Expense	Jefferson on I	Parade Top 10)
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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			
05/21/2021	Shake Shack			
Amount (\$) 86.09	Payee address; 3003 Broadway San Antonio, TX 78209	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Volunteer App	reciation	
	Check if travel outside of Texas, Complete Schedule T,	Check if Aus	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Autor District Charles)

Candidate/Officeholder/Politica	al Comnittee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a categor	y not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	•		
06/01/2021	Sorrento			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
52.77	5146 Broadway San Antonio, TX 78209			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food Expense	Volunteer Appreciation		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/03/2021	Central Market			
Amount (\$)	Payee address;	City;	State;	Zip Code
232.59	4821 Broadway San Antonio, TX 78209			
PURPOSE	Category (See Categories listed at the top of this schedule) Food Expense	Description College Sessi	on	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/03/2021	Carrabbas			
Amount (\$)	Payee address;	City;	State;	Zip Code
167.92	12507 I-H 10 West San Antonio, TX 78230			
	Category (See Calegories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Volunteer App	reciation	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living e			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date 06/04/2021	5 Payee name Prestige Printing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
976.42	8 Burwood Ln San Antonio, TX 78216			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/08/2021	Enrique Mendez			
Amount (\$)	Payee address;	City;	State;	Zip Code
170.00	427 Club Dr. San Antonio, TX 78201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Consulting Expense	Signs		
EXPENDITURE				
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/11/2021	Viva Politics			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	1850 Fredericksburg Rd San Antonio, TX 78201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Field Director		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

Candidate/Officeholder/Politica		xpense Vages/Contract Labor	Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ed Garza		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	-		
06/21/2021	Carrabbas			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
121.60	12507 I-H 10 West San Antonio, TX 78230			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food Expense	Volunteer App	reciation	
OF EXPENDITURE				
EXI ENDITORE	(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	Payee name			
06/22/2021	Academy Sports			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.52	2643 NW Loop 410			
00.02	San Antonio, Tx 78230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation	Supplies Summer Camp		
OF EXPENDITURE				
EXI ENDITORE				
	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/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/22/2021	FedEx Office			
Amount (\$)	Payee address;	City;	State;	Zip Code
38.43	8000 IH 10 West San Antonio, Tx 78230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	College Prep F	lvers	
OF EXPENDITURE	0	3-19-1	,	
EX ENDITORE				
	Check if travel outside of Texas, Complete Schedule T,		n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair		pense ages/Contract Labor	Travel In District Travel Out Of District Other (enter a categor	
1 Total pages Schedule F1:	2 FILER N Ed Garz	IAME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na					
06/23/2021	Target	50 1.5.				
6 Amount (\$)	7 Payee a	ddress:		City;	State;	Zip Code
198.99	4522 Fr	edericksburg Rd onio, Tx 78201		,		
8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event E	Expense		Summer Camp	Supplies	
EXI ENDITORE	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE	Categor	y (See Calegories listed at the top of this	schedule)	Description		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	edule T. Check if Austin, TX, officeholder living expen		
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	name				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Calegories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	ΑT	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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

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

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Other (enter a category	not listed above)
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Ed Garza		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payee name			
04/23/2021	Salt Grass			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
46.74	11745 IH 10 West			
Reimbursement from political contributions intended	San Antonio, TX 78230			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food Expense	Volunteer App	reciation	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living ex	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
05/01/2021	AT&T			
03/01/2021	Alai			
Amount (\$)	Payee address;	City;	State;	Zip Code
126.05	1010 N. St. Mary's St.			
Reimbursement from political contributions	San Antonio, TX 78215			
intended		T		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Dhono/Interno	t	
OF	Office Overhead	Phone/Interne	L	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	'	Office held
Date	Payee name			
05/08/2021	The Original Donut Shop			
03/00/2021	The Original Bondt Grop			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.47	3307 Fredericksburg Road			
Reimbursement from political contributions	San Antonio, Texas 78201			
intended				
PURPOSE	Category (See Categories fisted at the top of this schedule)	Description		
OF	Food Expense	Volunteer Appreciation		
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		·
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEFT	DED.	
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other terrier a caregory	not saled above)
1 Total pages Schedule G:	² FILER NAME Ed Garza	3 Filer ID (Ethics Commission Filers)		
⁴ Date 05/01/2021	5 Payee name AT&T			
6 Amount (\$) 126.05 Reimbursement from political contributions intended	7 Payee address; 1010 N. St. Mary's San Antonio, TX 78215	City;	State;	Zip Code
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 exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 06/01/2021	Payee name AT&T			
Amount (\$) 126.05 Reimbursement from political contributions intended	Payee address; 1010 N. St. Mary's San Antonio, TX 78215	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Phone /Interne	et	
	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/0	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
06/10/2021	Academy Sports			
Amount (\$) 63.29 Reimbursement from political contributions intended	Payee address; Vance Jackson San Antonio, Tx 78240	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule) Donation	Description High School Athlete Ball & shirt		nirt
20020 20 1 20	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 NEED	DED	