

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) 00000009	2 PAGE # 1 of 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Delia		OFFICE USE ONLY Date Received 2014 OCT 6 PM 4 35 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Garza		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 41795 Austin, TX 78704		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jackie		
	NICKNAME LAST SUFFIX Goodman		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1010 Austin Highlands Austin, TX 78745		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 445-2975		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2014 09/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council District 2
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Garza, Delia

14 ACCOUNT # (Ethics Commission filers)
0000000915 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures 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

☐ additional pages16 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 2,365.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 20,197.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 154.16

4. TOTAL POLITICAL EXPENDITURES \$ 19,932.02

CONTRIBUTION
BALANCE

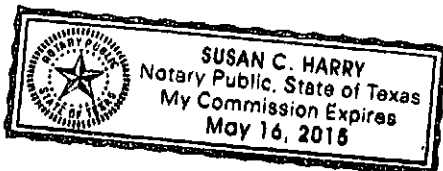
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 13,350.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,025.00

17 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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delia Garza, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/17 Report: 3/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/22/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00011114) AFSCME PEOPLE 6 Contributor address; City; State; Zip Code 1625 L St NW Washington, DC 20036-5665	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Agnew, Virginia Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703-4126	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvarez, Arturo Contributor address; City; State; Zip Code 4801 Allison Cv Austin, TX 78741-7320	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anaya, Charles Contributor address; City; State; Zip Code 217 Rose Ln San Antonio, TX 78212-3732	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Police Association PAC Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 4 Austin, TX 78721-2806	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/17 Report: 4/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin/Travis County EMS Employee Association PAC 6 Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 3 Austin, TX 78721-2806	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calvoz, Raul Contributor address; City; State; Zip Code 3301 Cherry Ln Austin, TX 78703-2717	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Tuggy Calvoz LLP	
Date 07/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carnes, Donald Contributor address; City; State; Zip Code 404 W 32nd St Austin, TX 78705-2306	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casias, Michael Contributor address; City; State; Zip Code 732 Freeman Dr San Antonio, TX 78228-3835	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney/Developer		Employer (See Instructions) Self Employed	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Bria Contributor address; City; State; Zip Code 3208 Sunny Ln Austin, TX 78731-5434	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/17 Report: 5/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Martin 6 Contributor address; City; State; Zip Code 1201 County Road 138 Hutto, TX 78634-5127	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Cirkiel and Associates	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Pam Contributor address; City; State; Zip Code 1201 County Road 138 Hutto, TX 78634-5127	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner/Broker		Employer (See Instructions) M.E.GeneJohnson Realtors	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Shawn Contributor address; City; State; Zip Code 3208 Sunny Ln Austin, TX 78731-5434	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Chef/Owner		Employer (See Instructions) Parkside Projects	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curtis, Matthew Contributor address; City; State; Zip Code 807 Blanco St Apt 203 Austin, TX 78703-4956	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Homeaway	
Date 08/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Del Toro Law Firm Contributor address; City; State; Zip Code 2514 E Cesar Chavez St Austin, TX 78702-4702	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/17 Report: 6/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddie Rodriguez Campaign Fund 6 Contributor address; City; State; Zip Code PO Box 2436 Austin, TX 78768-2436	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank, Abigail Contributor address; City; State; Zip Code 1920 Mary Ella Dr Leander, TX 78641-2604	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank, Abigail Contributor address; City; State; Zip Code 1920 Mary Ella Dr Leander, TX 78641-2604	Amount of contribution (\$) \$112.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Malorie Contributor address; City; State; Zip Code 548 Private Road 180 Helotes, TX 78023-2404	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Ray Contributor address; City; State; Zip Code PO Box 1202 East Lansing, MI 48826-1202	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director, Health Investigation Division		Employer (See Instructions) State of Michigan	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/17 Report: 7/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gene, Fatih 6 Contributor address; City; State; Zip Code 8106 Chainfire Cv Austin, TX 78729-6421	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goff, Eric Contributor address; City; State; Zip Code 2500 E 2nd St Austin, TX 78702-4708	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Co-founder		Employer (See Instructions) Compost Pedallers	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Adam Contributor address; City; State; Zip Code 1111 Red River Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) food & beverages for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Serrano's Especial at Symphony Square	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Julio Contributor address; City; State; Zip Code 1408 S 3rd St Austin, TX 78704-2308	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gripton, Tanya Contributor address; City; State; Zip Code 5506 Windward Dr Austin, TX 78723-4015	Amount of contribution (\$) \$80.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/17 Report: 8/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, David 6 Contributor address; City; State; Zip Code 1011 S Indiana Ave Weslaco, TX 78596-7503	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Texas Rio Grande Legal	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herring, William Contributor address; City; State; Zip Code 1000 E 38th St Austin, TX 78705-1813	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes Gonzales, Lisa Contributor address; City; State; Zip Code 1111 Red River St Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) room rental for event
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions) self	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutchison, Janet Contributor address; City; State; Zip Code 2602 Cavileer Ave Austin, TX 78757-2710	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffery, Neil Contributor address; City; State; Zip Code 2303 Dovehill Dr Austin, TX 78744-4313	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/17 Report: 9/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 07/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Cynthia 6 Contributor address; City; State; Zip Code 6800 W Gate Blvd # 132-332 Austin, TX 78745-4883	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerr, Chris Contributor address; City; State; Zip Code 4115 Abingdon Dr Garland, TX 75043-7251	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Force Multiplier Solutions, Inc	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerr, Heather Contributor address; City; State; Zip Code 4115 Abingdon Dr Garland, TX 75043-7251	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) La Voz Newspapers Contributor address; City; State; Zip Code PO Box 19457 Austin, TX 78760-9457	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lambert, Ruben Contributor address; City; State; Zip Code 302 August Ln Boerne, TX 78006-3519	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/17 Report: 10/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Linda 6 Contributor address; City; State; Zip Code 7122 Royal Ln Dallas, TX 75230-3608	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) none	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Robert Contributor address; City; State; Zip Code 7122 Royal Ln Dallas, TX 75230-3608	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Chairman and CEO		Employer (See Instructions) Force Multiplier Solutions, Inc.	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leyva, Cesar Contributor address; City; State; Zip Code 5100 Martin Ave Austin, TX 78751-2119	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Jacob Contributor address; City; State; Zip Code 1802 Ann Arbor Ave Austin, TX 78704-3229	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Littell, Cynthia Gabriella Contributor address; City; State; Zip Code 9919 Warwana Rd Houston, TX 77080-7609	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 9/17 Report: 11/28	
2 FILER NAME Garza, Delia			3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 07/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Littell, Cynthia Gabriella 6 Contributor address; City; State; Zip Code 9919 Warwana Rd Houston, TX 77080-7609	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meachum, Kurt Contributor address; City; State; Zip Code 3900 Sidehill Path Austin, TX 78731-1418	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Government Affairs Consultant		Employer (See Instructions) Philips & Meachum Public Affairs		
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendoza, Rosa Contributor address; City; State; Zip Code 3412 Green Emerald Ter Austin, TX 78739-7615	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) R. Mendoza & Co., P.C.		
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michener, Elizabeth Contributor address; City; State; Zip Code 146 18th St New Orleans, LA 70124-1226	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Force Multiplier Solutions, Inc.		
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michener, Patrick Contributor address; City; State; Zip Code 146 18th St New Orleans, LA 70124-1226	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hertz		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/17 Report: 12/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 08/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortega Law, PLLC 6 Contributor address; City; State; Zip Code 818 W 10th St Austin, TX 78701-2063	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ozborn, Paul Contributor address; City; State; Zip Code 1600 West Ave Apt 12 Austin, TX 78701-1544	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Beverage Director		Employer (See Instructions) Parkside Projects	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peavey, Ross Contributor address; City; State; Zip Code 903 E 15th St Austin, TX 78702-1024	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Philips, Jerry Contributor address; City; State; Zip Code 3605 Peregrine Falcon Dr Austin, TX 78746-7438	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pierce, Michelle Contributor address; City; State; Zip Code 1110 W Oltorf St None Austin, TX 78704-5329	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Loewy Law Firm	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/17 Report: 13/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Frances 6 Contributor address; City; State; Zip Code 349 E Charity Cv Salt Lake City, UT 84103-5205	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Managing Director		10 Employer (See Instructions) Reagan National Advertising	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Julia Contributor address; City; State; Zip Code 1775 N Warm Springs Rd Salt Lake City, UT 84116-2353	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Lucy Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746-1928	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William Contributor address; City; State; Zip Code 1775 N Warm Springs Rd Salt Lake City, UT 84116-2353	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) The Reagan Companies	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746-1928	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Reagan National Advertising	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/17 Report: 14/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 08/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rotkoff, Jeff 6 Contributor address; City; State; Zip Code 3609 Vineland Dr Austin, TX 78722-1238	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rotkoff, Jeff Contributor address; City; State; Zip Code 3609 Vineland Dr Austin, TX 78722-1238	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saenz, Marc Jr. Contributor address; City; State; Zip Code 6406 Back Bay Ln Austin, TX 78739-1523	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Harlan Contributor address; City; State; Zip Code 1000 San Marcos St 451 Austin, TX 78702-2605	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Parkside Projects	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shade, Randi Contributor address; City; State; Zip Code 1822 W 10th St Austin, TX 78703-3910	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/17 Report: 15/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheppard, Jade Chang 6 Contributor address; City; State; Zip Code 12425 Dorsett Rd Austin, TX 78727-5807	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Construction		10 Employer (See Instructions) Gideon	
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silver, Larry Contributor address; City; State; Zip Code 1920 Mary Ella Dr. Leander, TX 78641	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Curtis Contributor address; City; State; Zip Code 130 Cumberland Rd Apt 220 Austin, TX 78704-5482	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Patricia Contributor address; City; State; Zip Code 1010 Westland Ridge Rd Dripping Springs, TX 78620-4263	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council SWLDC PAC Contributor address; City; State; Zip Code 11720 E 21st St Ste D Tulsa, OK 74129-1824	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/17 Report: 16/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Donald 6 Contributor address; City; State; Zip Code 4105 Long Champ Dr Austin, TX 78746-1150	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sullivan, Michael Contributor address; City; State; Zip Code 1613 W 9th 1/2 St Austin, TX 78703-4711	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired Firefighter		Employer (See Instructions) Retired	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Kathryn Contributor address; City; State; Zip Code 2018 General Pershing St New Orleans, LA 70115-5436	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Slater Contributor address; City; State; Zip Code 2018 General Pershing St New Orleans, LA 70115-5436	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) EVP		Employer (See Instructions) Force Multiplier Solutions, Inc.	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Slater Jr. Contributor address; City; State; Zip Code 12604 Rush Creek Ln Austin, TX 78732-1992	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Force Multiplier Solutions, Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/17 Report: 17/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 08/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Elizabeth 6 Contributor address; City; State; Zip Code 4611 Lambs Ln Austin, TX 78744-5202	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party Contributor address; City; State; Zip Code 4818 E. Ben White Blvd. Ste. 104 Austin, TX 78741	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) vote file access (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tijerina, Teofilo Contributor address; City; State; Zip Code 1201 Tinnin Ford Rd Apt 2 Austin, TX 78741-1601	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trinidad, Gabriel Contributor address; City; State; Zip Code 11605 Oak Knoll Dr Austin, TX 78759-3804	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757-2328	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Austin Energy	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/17 Report: 18/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Uresti, Jaclyn 6 Contributor address; City; State; Zip Code 300 N Lamar Blvd Apt 133 Austin, TX 78703-4653	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Senior Advisor		10 Employer (See Instructions) State of Texas	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vale, Kathy Contributor address; City; State; Zip Code 2702 Dupoint Cv Austin, TX 78748-5154	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Texas Commission on Environmental Quality	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vale, Kathy Contributor address; City; State; Zip Code 2702 Dupoint Cv Austin, TX 78748-5154	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Texas Commission on Environmental Quality	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valera, Jose Contributor address; City; State; Zip Code 1601 E 5th St Apt 208 Austin, TX 78702-4495	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wilson Sonsini Goodrich Rosati	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Nathaniel Contributor address; City; State; Zip Code 5710 Abilene Trl Austin, TX 78749-2113	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) Representative Eddie Rodriguez	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/17 Report: 19/28	
2 FILER NAME Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 08/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wang, Li 6 Contributor address; City; State; Zip Code 4619 Peach Grove Rd Austin, TX 78744-3107	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Marisa Contributor address; City; State; Zip Code 6509 Scenic Cv Austin, TX 78739-1420	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolff, David Contributor address; City; State; Zip Code 1206 W 8th St Austin, TX 78703-5279	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/9 Report: 20/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 08/12/2014	5 Payee name Aaron Victor Photography				
6 Amount (\$) \$225.00	7 Payee address City; State; Zip Code 802 Rolling Meadow Dr. Pflugerville, TX 78660				
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) <input type="checkbox"/> photography		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/12/2014	Payee name Aaron Victor Photography				
Amount (\$) \$125.00	Payee address City; State; Zip Code 802 Rolling Meadow Dr. Pflugerville, TX 78660				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> photography		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/10/2014	Payee name Ace Printing				
Amount (\$) \$316.09	Payee address City; State; Zip Code 7807 Doncaster Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2014	Payee name Ace Printing				
Amount (\$) \$1,116.11	Payee address City; State; Zip Code 7807 Doncaster Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/9 Report: 21/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 08/06/2014	5 Payee name Azul Strategies				
6 Amount (\$) \$660.00	7 Payee address City; State; Zip Code 1802 Ann Arbor Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/15/2014	Payee name Azul Strategies				
Amount (\$) \$660.00	Payee address City; State; Zip Code 1802 Ann Arbor Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/03/2014	Payee name First Data				
Amount (\$) \$124.64	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/03/2014	Payee name First Data				
Amount (\$) \$94.31	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/9 Report: 22/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 07/03/2014	5 Payee name First Data				
6 Amount (\$) \$25.90	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/04/2014	Payee name First Data				
Amount (\$) \$13.30	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/04/2014	Payee name First Data				
Amount (\$) \$137.30	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/04/2014	Payee name First Data				
Amount (\$) \$20.13	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/9 Report: 23/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 09/03/2014	5 Payee name First Data				
6 Amount (\$) \$8.70	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/03/2014	Payee name First Data				
Amount (\$) \$12.67	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/03/2014	Payee name First Data				
Amount (\$) \$27.11	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/07/2014	Payee name Graphic Granola				
Amount (\$) \$488.75	Payee address City; State; Zip Code 1012 E. 38th 1/2 St. Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic design services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/9 Report: 24/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 07/10/2014	5 Payee name Graphic Granola				
6 Amount (\$) \$2,868.75	7 Payee address City; State; Zip Code 1012 E. 38th 1/2 St. Austin, TX 78751				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> graphic design services <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/02/2014	Payee name Home Slice Pizza				
Amount (\$) \$155.06	Payee address City; State; Zip Code 1415 S Congress Ave. Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for event <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/24/2014	Payee name Office Depot				
Amount (\$) \$12.97	Payee address City; State; Zip Code 500 E Ben White Blvd #200 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/21/2014	Payee name Office Depot				
Amount (\$) \$106.05	Payee address City; State; Zip Code 500 E Ben White Blvd #200 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/9 Report: 25/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 08/26/2014	5 Payee name Office Depot				
6 Amount (\$) \$43.46	7 Payee address City; State; Zip Code 500 E Ben White Blvd #200 Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/08/2014	Payee name Office Depot				
Amount (\$) \$35.71	Payee address City; State; Zip Code 500 E Ben White Blvd #200 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/16/2014	Payee name Office Depot				
Amount (\$) \$125.55	Payee address City; State; Zip Code 500 E Ben White Blvd #200 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/01/2014	Payee name Susan Harry Consulting, LLC				
Amount (\$) \$575.00	Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/9 Report: 26/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 07/15/2014	5 Payee name Susan Harry Consulting, LLC				
6 Amount (\$) \$1,400.00	7 Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/01/2014	Payee name Susan Harry Consulting, LLC				
Amount (\$) \$575.00	Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/29/2014	Payee name Susan Harry Consulting, LLC				
Amount (\$) \$575.00	Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/10/2014	Payee name Texas Democratic Party				
Amount (\$) \$225.00	Payee address City; State; Zip Code 4818 E. Ben White Blvd. Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> voter file		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/9 Report: 27/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
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4 Date 07/01/2014	5 Payee name Williams, Marisa				
6 Amount (\$) \$1,250.00	7 Payee address City; State; Zip Code 6509 Scenic Cove Austin, TX 78739				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 07/01/2014	Payee name Williams, Marisa				
Amount (\$) \$1,250.00	Payee address City; State; Zip Code 6509 Scenic Cove Austin, TX 78739				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 07/15/2014	Payee name Williams, Marisa				
Amount (\$) \$1,250.00	Payee address City; State; Zip Code 6509 Scenic Cove Austin, TX 78739				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 07/31/2014	Payee name Williams, Marisa				
Amount (\$) \$1,250.00	Payee address City; State; Zip Code 6509 Scenic Cove Austin, TX 78739				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/9 Report: 28/28		2 FILER NAME Garza, Delia		3 ACCOUNT # (TEC filers) 00000009	
4 Date 08/15/2014	5 Payee name Williams, Marisa				
6 Amount (\$) \$750.00	7 Payee address City: State: Zip Code 6509 Scenic Cove Austin, TX 78739				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/29/2014	Payee name Williams, Marisa				
Amount (\$) \$750.00	Payee address City: State: Zip Code 6509 Scenic Cove Austin, TX 78739				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2014	Payee name Williams, Marisa				
Amount (\$) \$750.00	Payee address City: State: Zip Code 6509 Scenic Cove Austin, TX 78739				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/12/2014	Payee name Worley Printing				
Amount (\$) \$1,775.30	Payee address City: State: Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78735				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: