

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 24 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Delia | | OFFICE USE ONLY Date 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 | | AUSTIN CITY CLERK RECEIVED OCT 27 PM 4:39 |
| 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 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 checked="" 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 Month Day Year 09/26/2014 THROUGH 10/25/2014 | | |
| 10 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014 | | |
| 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)
00000009**15 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☒ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME**

Sierra Club Political Committee of Texas

COMMITTEE ADDRESS615 Willow
San Antonio, TX 78202**COMMITTEE CAMPAIGN TREASURER NAME**

Gonzalez, Hector

COMMITTEE CAMPAIGN TREASURER ADDRESS615 Willow
San Antonio, TX 78202☐ additional pages**16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 770.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,490.00

**EXPENDITURE
TOTALS**

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

\$ 392.84

4. TOTAL POLITICAL EXPENDITURES

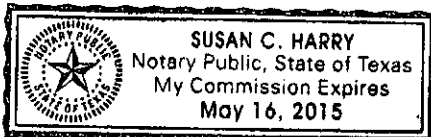
\$ 11,192.79

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 13,698.10

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5,025.00

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delia Garza, this the 27th 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: 1/9 Report: 3/24

2 FILER NAME Garza, Delia

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

09/29/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Alexander, Clifton

6 Contributor address; City; State; Zip Code

3201 Esperanza Xing
Apt 354
Austin, TX 78758-7866

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Firefighter

10 Employer (See Instructions)
City of Austin, Texas

Date

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Anderson, Dick

Contributor address; City; State; Zip Code

2307 Woodlawn Blvd
Austin, TX 78703-2447

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Real Estate Development

Employer (See Instructions)
HPI

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Armstrong, Jason

Contributor address; City; State; Zip Code

4942 View Dr
San Antonio, TX 78228-1730

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Project Manager

Employer (See Instructions)
Farmers Insurance

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Austin Apartment Assoc. PAC

Contributor address; City; State; Zip Code

4107 Medical Pkwy
Ste 100
Austin, TX 78756-3736

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Austin Firefighters Association PAC

Contributor address; City; State; Zip Code

7537 Cameron Rd
Austin, TX 78752-2013

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 2/9 Report: 4/24 | |
| 2 FILER NAME Garza, Delia | | | 3 ACCOUNT # (Ethics Commission filers) 00000009 | |
| 4 Date 10/10/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Auten, Roseana 6 Contributor address; City; State; Zip Code 400 Bowie St Austin, TX 78703-4606 | | 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 10/08/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Pamela Contributor address; City; State; Zip Code 1011 S Indiana Ave Weslaco, TX 78596-7503 | | 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) Texas RioGrande Legal Aid | |
| Date 10/07/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butler, Keitha Contributor address; City; State; Zip Code 5000 Buckskin Pass Austin, TX 78745-2849 | | 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 10/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castro for Congress Contributor address; City; State; Zip Code PO Box 544 San Antonio, TX 78292-0544 | | 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) | |
| Date 10/07/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doggett, Robert Contributor address; City; State; Zip Code 4308 Bellvue Ave Austin, TX 78756-3417 | | 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) Texas RioGrande Legal Aid Inc | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/9 Report: 5/24

2 FILER NAME Garza, Delia

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Duran, Ryan

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

10/25/2014

6 Contributor address; City; State; Zip Code
2205 Bonita St
Austin, TX 78703-1703

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Epstein, Robert

Amount of
contribution (\$)In-kind contribution
description (if applicable)

10/19/2014

Contributor address; City; State; Zip Code
5000 Plaza On The Lk
Austin, TX 78746-1069

\$250.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Managing PartnerEmployer (See Instructions)
PCM

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Etheredge, Mary

Amount of
contribution (\$)In-kind contribution
description (if applicable)

10/06/2014

Contributor address; City; State; Zip Code
PO Box 603
Kyle, TX 78640-0603

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Forrest, Hugh

Amount of
contribution (\$)In-kind contribution
description (if applicable)

10/10/2014

Contributor address; City; State; Zip Code
703 E 50th St
B
Austin, TX 78751-2615

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
DirectorEmployer (See Instructions)
SXSW Interactive Festival

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Forrest, Vivian

Amount of
contribution (\$)In-kind contribution
description (if applicable)

10/10/2014

Contributor address; City; State; Zip Code
703 E 50th St
B
Austin, TX 78751-2615

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
HomemakerEmployer (See Instructions)
Homemaker

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/9 Report: 6/24

2 FILER NAME Garza, Delia

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

09/26/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Glenn, Noble III

6 Contributor address; City; State; Zip Code

8600 N Fm 620
Apt 335
Austin, TX 78726-3512

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Regional VP

10 Employer (See Instructions)
BG Staffing

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Gripton, Tanya

Contributor address; City; State; Zip Code

5506 Windward Dr
Austin, TX 78723-4015

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Chief of Staff

Employer (See Instructions)
Texas House of Representatives

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Gripton, Tanya

Contributor address; City; State; Zip Code

5506 Windward Dr
Austin, TX 78723-4015

Amount of
contribution (\$)

\$220.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Chief of Staff

Employer (See Instructions)
Texas House of Representatives

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Haley, Anthony

Contributor address; City; State; Zip Code

1212 Guadalupe St
Austin, TX 78701-1837

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

HBA Home PAC

Contributor address; City; State; Zip Code

8140 Exchange Dr.
Austin, TX 78754

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 5/9 Report: 7/24

2 FILER NAME Garza, Delia

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

10/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Hill, Richard

6 Contributor address; City; State; Zip Code

2303 Windsor Rd
Austin, TX 78703-3116

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Real Estate

10 Employer (See Instructions)
HPI

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Jonakin, Lorina

Contributor address; City; State; Zip Code

602 Franklin Blvd
Austin, TX 78751-1802

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Lockwood, Andrews & Newnam, Inc. PAC

Contributor address; City; State; Zip Code

2925 Briarpark Dr
Fl 4
Houston, TX 77042-3720

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Mardegian, Rachael

Contributor address; City; State; Zip Code

2501 Quarry Rd
Austin, TX 78703-3727

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Special Projects Coordinator

Employer (See Instructions)
SXSW

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Michel, Travis

Contributor address; City; State; Zip Code

4228 Berkman Dr
Austin, TX 78723-4547

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 6/9 Report: 8/24

2 FILER NAME Garza, Delia

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

09/26/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Needham, Terri

6 Contributor address; City; State; Zip Code

12521 Belcara Pl
Austin, TX 78732-2363

7 Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Operations Manager

10 Employer (See Instructions)
P.S. Landscapes, Inc.

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Reagan, Daniel

Contributor address; City; State; Zip Code

1939 E Laird Dr
Salt Lake City, UT 84108-1822

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Reagan National Advertising

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Reagan, Kari Jo

Contributor address; City; State; Zip Code

1939 E Laird Dr
Salt Lake City, UT 84108-1822

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
Homemaker

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Santoz, Alfredo

Contributor address; City; State; Zip Code

PO Box 19457
Austin, TX 78760

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)
political advertisement

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Publisher

Employer (See Instructions)
La Voz Newspapers

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Santoz, Diana

Contributor address; City; State; Zip Code

PO Box 19457
Austin, TX 78760

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)
political advertisement

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Publisher

Employer (See Instructions)
La Voz Newspapers

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | |
|---|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | 1 PAGE # Schedule: 7/9 Report: 9/24 | |
| 2 FILER NAME Garza, Delia | | | 3 ACCOUNT # (Ethics Commission filers) 00000009 | |
| 4 Date 10/09/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Mike 6 Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745-2833 | | 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) Executive Planner | | | 10 Employer (See Instructions) SXSW | |
| Date 10/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheafe, John Contributor address; City; State; Zip Code PO Box 152140 Austin, TX 78715-2140 | | 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) Oil & Gas - West Texas | | | Employer (See Instructions) Occidental Petroleum Corp | |
| Date 10/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheldon, Rick Contributor address; City; State; Zip Code 4006 Green Oak Dr Waco, TX 76710-1442 | | 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/CEO | | | Employer (See Instructions) Rick Sheldon Real Estate LLC | |
| Date 10/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swenson, Roland Contributor address; City; State; Zip Code 400 Bowie St Austin, TX 78703-4606 | | 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) Managing Director | | | Employer (See Instructions) SXSW | |
| Date 10/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Latina List Contributor address; City; State; Zip Code PO Box 64025 Fort Worth, TX 76164-4025 | | 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: 8/9 Report: 10/24

2 FILER NAME Garza, Delia

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

10/13/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Texas Taxi PAC

6 Contributor address; City; State; Zip Code

919 Congress Ave
Ste 1500
Austin, TX 78701-2156

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Trevino, Ignacio

Contributor address; City; State; Zip Code

2604 Forest Bend Dr
Austin, TX 78704-4530

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Urrutia, Bradley

Contributor address; City; State; Zip Code

11609 Anatole Ct
Austin, TX 78748-2821

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Walker, Nathaniel

Contributor address; City; State; Zip Code

5506 Windward Dr
Austin, TX 78723-4015

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Wheelus, C. Daniel

Contributor address; City; State; Zip Code

3103 Bee Caves Rd
Ste 201
Austin, TX 78746-5580

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 9/9 Report: 11/24

2 FILER NAME Garza, Delia**3** ACCOUNT # (Ethics Commission filers)

00000009

4 Date

10/13/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Wilcox, Scott

6 Contributor address; City; State; Zip Code
2501 Quarry Rd
Austin, TX 78703-3727**7** Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Director of Technology**10** Employer (See Instructions)
SXSW

Date

10/09/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Wilcox, Toni

Contributor address; City; State; Zip Code
4801 Broken Bow Pass
Austin, TX 78745-2833Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired

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: 1/13 Report: 12/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/09/2014 | 5 Payee name Aaron Victor Photography | | | | |
| 6 Amount (\$) \$80.00 | 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) Consulting 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 10/09/2014 | Payee name Aaron Victor Photography | | | | |
| Amount (\$) \$150.00 | 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) Consulting 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 10/20/2014 | Payee name Azul Strategies | | | | |
| Amount (\$) \$2,952.18 | 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, postage & mailing 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: |
| Date 10/20/2014 | Payee name Congleton, Joshua | | | | |
| Amount (\$) \$350.00 | Payee address City; State; Zip Code 4805 Travis Country Circle Austin, TX 78735 | | | | |
| 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"/> video production | | |
| | <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: 2/13 Report: 13/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/09/2014 | 5 Payee name Curtis, Bryan | | | | |
| 6 Amount (\$) \$84.00 | 7 Payee address City: State: Zip Code 4600 Cedar Grove Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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 10/21/2014 | Payee name Curtis, Bryan | | | | |
| Amount (\$) \$264.00 | Payee address City: State: Zip Code 4600 Cedar Grove Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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 10/24/2014 | Payee name Curtis, Bryan | | | | |
| Amount (\$) \$72.00 | Payee address City: State: Zip Code 4600 Cedar Grove Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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 10/07/2014 | Payee name Curtis, Mark | | | | |
| Amount (\$) \$168.00 | Payee address City: State: Zip Code 4600 Cedar Grove Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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: 3/13 Report: 14/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/09/2014 | | 5 Payee name Curtis, Mark | | | |
| 6 Amount (\$) \$84.00 | | 7 Payee address City: State: Zip Code 4600 Cedar Grove Austin, TX 78744 | | | |
| 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"/> contract labor <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 10/09/2014 | | Payee name Daze, Ken | | | |
| Amount (\$) \$84.00 | | Payee address City: State: Zip Code 15401 Venadl Drive Lakeway, KY 78734 | | | |
| 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"/> contract labor <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 10/21/2014 | | Payee name Daze, Ken | | | |
| Amount (\$) \$132.00 | | Payee address City: State: Zip Code 15401 Venadl Drive Lakeway, KY 78734 | | | |
| 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"/> contract labor <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 10/24/2014 | | Payee name Daze, Ken | | | |
| Amount (\$) \$228.00 | | Payee address City: State: Zip Code 15401 Venadl Drive Lakeway, KY 78734 | | | |
| 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"/> contract labor <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: 4/13 Report: 15/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/03/2014 | 5 Payee name DOMINO'S 6614 517 | | | | |
| 6 Amount (\$) \$38.25 | 7 Payee address City: State: Zip Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food | | |
| | <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 10/10/2014 | Payee name DOMINO'S 6614 517 | | | | |
| Amount (\$) \$26.77 | Payee address City: State: Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food | | |
| | <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 10/17/2014 | Payee name DOMINO'S 6614 517 | | | | |
| Amount (\$) \$28.52 | Payee address City: State: Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food | | |
| | <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 10/22/2014 | Payee name DOMINO'S 6614 517 | | | | |
| Amount (\$) \$27.52 | Payee address City: State: Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Debit Card Purchase | | |
| | <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: 5/13 Report: 16/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/24/2014 | | 5 Payee name DOMINO'S 6614 517 | | | |
| 6 Amount (\$) \$18.41 | | 7 Payee address City: State: Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Debit Card Purchase <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 10/03/2014 | | Payee name First Data | | | |
| Amount (\$) \$65.49 | | 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 10/03/2014 | | Payee name First Data | | | |
| Amount (\$) \$182.11 | | 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 10/03/2014 | | Payee name First Data | | | |
| Amount (\$) \$21.20 | | 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: 6/13 Report: 17/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/10/2014 | | 5 Payee name Graphic Granola | | | |
| 6 Amount (\$) \$255.00 | | 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 10/07/2014 | | Payee name Hartman, Kameron | | | |
| Amount (\$) \$70.00 | | Payee address City: State: Zip Code 5203 Cape Verde Austin, TX 78744 | | | |
| 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"/> contract labor <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 10/09/2014 | | Payee name Hartman, Kameron | | | |
| Amount (\$) \$70.00 | | Payee address City: State: Zip Code 5203 Cape Verde Austin, TX 78744 | | | |
| 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"/> contract labor <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 10/21/2014 | | Payee name Hartman, Kameron | | | |
| Amount (\$) \$110.00 | | Payee address City: State: Zip Code 5203 Cape Verde Austin, TX 78744 | | | |
| 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"/> contract labor <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: 7/13 Report: 18/24

2 FILER NAME
Garza, Delia

3 ACCOUNT # (TEC filers)
00000009

4 Date
10/21/2014

5 Payee name
James, Derek

6 Amount (\$)
\$48.00

7 Payee address City; State; Zip Code
4902 Alma Loma Dr.
Austin, TX 78749

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) ☐
contract labor

☐ 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
10/24/2014

Payee name
James, Derek

Amount (\$)
\$228.00

Payee address City; State; Zip Code
4902 Alma Loma Dr.
Austin, TX 78749

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) ☐
contract labor

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date
10/21/2014

Payee name
James, Erin

Amount (\$)
\$48.00

Payee address City; State; Zip Code
4902 Altma Loma Dr.
Austin, TX 78744

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) ☐
contract labor

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date
10/24/2014

Payee name
James, Erin

Amount (\$)
\$228.00

Payee address City; State; Zip Code
4902 Altma Loma Dr.
Austin, TX 78744

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) ☐
contract labor

☐ 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: 8/13 Report: 19/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 09/29/2014 | 5 Payee name La Fuente's Restaurant | | | | |
| 6 Amount (\$) \$349.43 | 7 Payee address City: State: Zip Code 6507 Circle S Rd Austin, TX 78745 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) 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 | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/20/2014 | Payee name La Voz Newspapers | | | | |
| Amount (\$) \$700.00 | Payee address City: State: Zip Code PO Box 19457 Austin, TX 78760 | | | | |
| 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"/> Political print advertising | | |
| | <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 10/07/2014 | Payee name Morales, George | | | | |
| Amount (\$) \$72.00 | Payee address City: State: Zip Code 4704 Cadob Austin, TX 78744 | | | | |
| 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"/> contract/labor | | |
| | <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 10/09/2014 | Payee name Morales, George | | | | |
| Amount (\$) \$96.00 | Payee address City: State: Zip Code 4704 Cadob Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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: 9/13 Report: 20/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/09/2014 | 5 Payee name Pounds, Josh | | | | |
| 6 Amount (\$) \$70.00 | 7 Payee address City: State: Zip Code 4805 Travis county Circle Austin, TX 78735 | | | | |
| 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"/> contract labor | | |
| | <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 10/21/2014 | Payee name Pounds, Josh | | | | |
| Amount (\$) \$75.00 | Payee address City: State: Zip Code 4805 Travis county Circle Austin, TX 78735 | | | | |
| 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"/> contract labor | | |
| | <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 10/24/2014 | Payee name Pounds, Josh | | | | |
| Amount (\$) \$75.00 | Payee address City: State: Zip Code 4805 Travis county Circle Austin, TX 78735 | | | | |
| 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"/> contract labor | | |
| | <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 10/24/2014 | Payee name Pounds, Josh | | | | |
| Amount (\$) \$30.00 | Payee address City: State: Zip Code 4805 Travis county Circle Austin, TX 78735 | | | | |
| 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"/> contract labor | | |
| | <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: 10/13 Report: 21/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/09/2014 | 5 Payee name Ringo, Marquell | | | | |
| 6 Amount (\$) \$70.00 | 7 Payee address City: State: Zip Code 2303 E. William Cannon Dr. #231 Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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 10/21/2014 | Payee name Ringo, Marquell | | | | |
| Amount (\$) \$110.00 | Payee address City: State: Zip Code 2303 E. William Cannon Dr. #231 Austin, TX 78744 | | | | |
| 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"/> contract labor | | |
| | <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 10/24/2014 | Payee name Ringo, Marquell | | | | |
| Amount (\$) \$30.00 | Payee address City: State: Zip Code 2303 E. William Cannon Dr. #231 Austin, TX 78744 | | | | |
| 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"/> contract | | |
| | <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 10/01/2014 | 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: 11/13 Report: 22/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/07/2014 | 5 Payee name Villegas, Danny | | | | |
| 6 Amount (\$) \$198.00 | 7 Payee address City: State: Zip Code 6301 Berkley Austin, TX 78745 | | | | |
| 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"/> contract labor <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 10/17/2014 | Payee name Villegas, Danny | | | | |
| Amount (\$) \$154.00 | Payee address City: State: Zip Code 6301 Berkley Austin, TX 78745 | | | | |
| 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"/> contract labor <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 10/03/2014 | Payee name Voice Broadcasting | | | | |
| Amount (\$) \$56.88 | Payee address City: State: Zip Code 1527 S. Cooper St. Arlington, TX 76010 | | | | |
| 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"/> phone calls <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 10/16/2014 | Payee name Voice Broadcasting | | | | |
| Amount (\$) \$2.40 | Payee address City: State: Zip Code 1527 S. Cooper St. Arlington, TX 76010 | | | | |
| 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"/> phone calls <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: 12/13 Report: 23/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 | |
| 4 Date 10/21/2014 | 5 Payee name Voice Broadcasting | | | | |
| 6 Amount (\$) \$59.84 | 7 Payee address City: State: Zip Code 1527 S. Cooper St. Arlington, TX 76010 | | | | |
| 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"/> phone calls | | |
| | <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 09/30/2014 | 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 10/15/2014 | 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 10/19/2014 | Payee name Worley Printing | | | | |
| Amount (\$) \$296.24 | 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: |

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: 13/13 Report: 24/24 | | 2 FILER NAME Garza, Delia | | 3 ACCOUNT # (TEC filers) 00000009 |
| 4 Date 10/21/2014 | 5 Payee name Worley Printing | | | |
| 6 Amount (\$) \$166.71 | 7 Payee address City: State: Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78735 | | | |
| 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: |