CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		·				
The C/OH Instruction Guit	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000009	2 PAGE# 1 of #6 \ 8			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Defia NICKNAME LAST Garza	MI SUFFIX	OFFICE USE ONLY Date Received 2015 JAN			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 41795 Austin, TX 78704	CITY; STATE; ZIP CODE	Date Hand-delivered a Date Postmarked			
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Jackie NICKNAME LAST Goodman	MI SUFFIX	Date Processed Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1010 Austin Highlands Austin, TX 78745	ITE#; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 445-2975	EXTENSION				
8 REPORT TYPE	X January 15 30th day before elect		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THRC	Month Day DUGH 12/31/20	Year			
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year Primar 11/04/2014		General Special			
11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (if known City Council, District				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

			•	thics Commission filers)	
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				
SPECIFIC	COMMITTEE ADDRESS 7537 Cameron Rd. Austin, TX 78752 COMMITTEE CAMPAIGN TREASURER NAME Lundstedt David				
	COMMUTEE CAMPAIGN TREASURER ADDRES 1617 Laylor Gaines St. Austin, TX 78741	SS S			
			\$	175.00	
		ES OF LOANS)	\$	9,200.00	
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	411.66		
4. TOTAL F	OLITICAL EXPENDITURES		\$	18,593.23	
		AS OF THE	\$	3,770.85	
	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00	
SUSAN C. HARRY Notary Public, State of Texas My Commission Expires May 16, 2015 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
Signature of Carreldate or Officeholder					
AMP / SEAL ABOV	.	/			
Sworn to and subscribed before me, by the said Delva Garza, this the 15th day of Tawwa 20 5, to certify which, witness my hand and seal of office.					
, to cer	ity which, witness my hand and se	al of office.			
Signature of officer administering oath Print name of officer administering oath Title of officer administering path					
	This box is for not have been made with information only if they committee type GENERAL GENERAL 1. TOTAL P. PLEDGES 2. TOTAL P. (OTHER 3. TOTAL P. LAST DA' 6. TOTAL P. LAST DA' SUSAN C. HAR otary Public, State My Commission E. May 16, 201 AMP / SEAL ABOVE d before me, by the state of the state	This box is for notice of political expenditures by political commande without the candidate's or officeholder's knowledge information only if they receive notice of such expenditures COMMITTEE TYPE COMMITTEE TAME Austin Firefighters PAC COMMITTEE ADDRESS 7537 Camieron Rd. Austin, TX 78752 COMMITTEE CAMPAIGN TREASURER NAME LUNdstedt, David COMMITTEE CAMPAIGN TREASURER ADDRESS 1017 Baylor Gaines St. Austin, TX 78741 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LEPLEDGES, LOANS, OR GUARANTEES OF LOANS), (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD I swear, or is true and me under T me under	This box is for notice of political expenditures by political committees to support the candidate's or discendidate's knowledge or consent. Candidates and of have been made without the candidate's or discendidate's knowledge or consent. Candidates and of information only if they receive notice of such expenditures. COMMITTEE TYPE COMMITTEE NAME Austin Firefighters PAC COMMITTEE ADDRESS 757 Cameron Rd. Austin, TX 78752 COMMITTEE CAMPAIGN TREASURER NAME LUndstedt, David COMMITTEE CAMPAIGN TREASURER NAME LUndstedt, David 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 1. SUSAN C. HARRY otary Public, State of Texas My Commission Expires Moy 16, 2015 MAY 16, 2015 AMP / SEAL ABOVE Id before me, by the said 1. To certify which, witness my hand and seal of office. AMP / SEAL ABOVE Id before me, by the said 1. To certify which, witness my hand and seal of office.	This box is for notice of political expenditures by political committees to support the candidate's of officeholder's knowledge or consent. Candidates and officeholders are information only if they receive notice of such expenditures COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE AND COMMITTEE AND COMMITTEE AUGUST AUSTIN Fireflightors PAC COMMITTEE TYPE COMMITTEE AND COMMITTEE AND COMMITTEE AUGUST COMMITTEE AUGUST COMMITTEE AND COMMITTEE AUGUST	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

NOTICE FROM	POLITCAL COI	MMITTEE(S)			ADDENDUM
					Page 3 of 16
C/OH NAME Garza, [Delia				ACCOUNT # (Ethics Commission filers) 00000009
17 NOTICE FROM POLITICAL	have been made with	tice of political expenditur out the candidate's or offi by receive notice of such e	ceholder's knowled	mittees to support the ca dge or consent. Candidate	ndidate / officeholder. These expenditures may es and officeholders are required to report this
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Austinites for	Equity	
	GENERAL	COMMITTEE ADDRESS	1812 Centre Ste. 310 Austin, TX 78		
	X SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	Kirfman, Jack	(
		COMMITTEE CAMPAIGN TREASURER ADDRESS	15408 Interla Austin, TX 78	chen Dr. 8717	
NOTICE FROM POLITICAL	have been made with		ceholder's knowled		ndidate / officeholder. These expenditures may es and officeholders are required to report this
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Sierra Club P	olitical Committee o	of Texas
	X GENERAL	COMMITTEE ADDRESS	615 Willow San Antonio,	TX 78202	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	Gonzalez, He	ector	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	615 Willow San Antonio,	TX 78202	
· · · · · · · · · · · · · · · · · · ·		<u> </u>			
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 1/	7 Report: 4/16
2	FILER NAME	Garza, Delia		3 ACCOUNT # 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/27/2014	6 Contributor address; City; State; Zip Code 11205 Limoncillo Ct Austin, TX 78750-3688		\$350.00	
		·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Rancher	ation / Job title (See Instructions)	10 Employer (See In Beckham Rand		
	Date	Full name of contributor uut-of-state PAC (ID# Beckham, Kimberly	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/27/2014	Contributor address; City; State; Zip Code 11205 Limoncillo Ct Austin, TX 78750-3688		\$350.00	
		Austin, 1X /0/30-3000		·	1
_	Daniel	ation / Job title (See Instructions)	Frieds (October	L `	Texas, complete Schedule T)
	Attorney	ation / Job title (See instructions)	Employer (See In Armbrust & Bro		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2014	Contributor address; City; State; Zip Code 602 Coquina Ln		\$350.00	
		West Lake Hills, TX 78746-4536		(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Armbrust & Bro		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2014	Contributor address; City; State; Zip Code 602 Coquina Ln West Lake Hills, TX 78746-4536		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Educational C	ation / Job title (See Instructions) Counselor	Employer (See In: CAPSA	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Bunch, William)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2014	Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704-2825		\$75.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

POLITICAL CONTRIBUTIONS

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI		SCHEDULE A	
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/	7 Report: 5/16
2 FILER NAME	Garza, Delia		3 ACCOUNT# 00000009	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Burnett, Claudia	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/04/2014	6 Contributor address; City; State; Zip Code 1601 Forest Trl Austin, TX 78703-3231		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Housewife	pation / Job title (See Instructions)	10 Employer (See In Self-Employed	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Burnett, Michael	;)	Arnount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2014	Contributor address; City; State; Zip Code 1601 Forest Trl Austin, TX 78703-3231		\$350.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In Armbrust & Bro		
Date	Full name of contributor □ out-of-state PAC (ID# Byars, Anne	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/27/2014	Contributor address; City; State; Zip Code 2103 Schulle Ave Austin, TX 78703-2141	•••••	\$350.00	
				Texas, complete Schedule T)
Principal occur Farmer	pation / Job title (See Instructions)	Employer (See In Maple Lane Far	structions) rm of Greenfield, l	LC
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/27/2014	Contributor address; City; State; Zip Code 2103 Schulle Ave Austin, TX 78703-2141		\$350.00	
Deine in a language	/ lab 6/12 (Oct la Nove 5-12)	C		Texas, complete Schedule T)
Attorney	ation / Job title (See Instructions)	Employer (See In Armbrust & Bro		
Date	Full name of contributor □ out-of-state PAC (ID# Carlson, Michelle	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/27/2014	Contributor address; City; State; Zip Code 1609 Mohle Dr August TY 78703 1037		\$350.00	
	Austin, TX 78703-1937			l
Principe! coc	ration / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
Attorney	adon you die (oee maduudin)	Reed & Scardin		

	The Instruction	אס Guide explains how to com	plete this form.		1 PAGE# Schedule: 3/	7 Report: 6/16	
2	FILER NAME	Garza, Delia			3 ACCOUNT# 00000009	(Ethics Commission filers)	
4	Date	5 Full name of contributor Carlson, Patrick	out-of-state PAC (ID#	<u>; </u>	7 Amount of contribution (\$)	8	
	10/27/2014	6 Contributor address; 1609 Mohle Dr Austin, TX 78703-1937	City; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	ation / Job title (See Instruction	s)	10 Employer (See In Armbrust & Bro			
	Date	Full name of contributor Chen, Sheng	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/31/2014	5000 Mission Oaks Blvd Unit 24	City; State; Zip Code	-	\$350.00]] [
	·	Austin, TX 78735-6742			(If travel outside of	Texas, complete Schedule T)	
	Principal occup Owner	ation / Job title (See Instruction	s)	Employer (See In Casulo Hotel	structions)		
	Date	Full name of contributor Cody, Buck	☐ out-of-state PAC (ID#	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/30/2014	Contributor address; 5708 Highland Hills Dr Austin, TX 78731-4233	City; State; Zip Code	•••••	\$100.00	! - 	
				•	(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	s)	Emplayer (See In	l	, ,	
	Date	Full name of contributor Guthikonda, Gopal	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/02/2014	Contributor address; PO Box 200388 Austin, TX 78720-0388	City; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer			Employer (See In CP&Y, Inc	structions)			
	Date	Full name of contributor HDR, Inc. Political Action (out-of-state PAC (ID# Committee	C00103903)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/04/2014	Contributor address; 8404 Indian Hills Drive Omaha, NE 68114	City; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	5)	Employer (See In	structions)		

<u> </u>								
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 4/	7 Report: 7/16			
2	FILER NAME	Garza, Delia		3 ACCOUNT # 00000009	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hobbs, Jeff	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
:	10/27/2014	6 Contributor address; City; State; Zip Code 3700 Hillbrook Dr Austin, TX 78731-4042		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Armbrust & Bro					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/27/2014	Contributor address; City; State; Zip Code 3700 Hillbrook Dr Austin, TX 78731-4042		\$350.00	 			
				1 .	Texas, complete Schedule T)			
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Kuhn Hobbs PL					
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/27/2014	Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Not Employed	ation / Job title (See Instructions)	Employer (See In Not Employed	structions)				
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/27/2014	Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300		\$350.00	 			
		Austin, TX 78701-2744		(If travel outside of	Texas, complete Schedule T)			
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Armbrust & Bro	structions)	,			
	Date	Full name of contributor	i)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/04/2014	Contributor address; City; State; Zip Code 10702 Hastings Ln Austin, TX 78750-4042		\$350.00	1 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Armbrust & Bro					

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/7	7 Report: 8/16
2	FILER NAME	Garza, Delia		3 ACCOUNT # 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Krumme, Robin)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/04/2014	6 Contributor address; City; State; Zip Code 10702 Hastings Ln Austin, TX 78750-4042		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	10/27/2014	Contributor address; City; State; Zip Code 204 Westhaven Dr West Lake Hills, TX 78746-4443		\$350.00	
				1 -	Texas, complete Schedule T)
	Attorney	pation / Job title (See Instructions)	Employer (See In Armbrust & Bro		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2014	Contributor address; City; State; Zip Code 2408 Windsor Rd Austin, TX 78703-2413		\$350.00	·
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Principal	pation / Job title (See Instructions)	Employer (See In Endeavor	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Marsh, Will)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/03/2014	Contributor address; City; State; Zip Code 2117 W 12th St Austin, TX 78703-3807		\$100.00	
	4			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/2014	Contributor address; City; State; Zip Code 10009 Childress Dr Austin, TX 78753-4333		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		. ,
	,	,,	-	-·-·- /	

POLITICAL CONTRIBUTIONS

		THAN PLEDGES OR LOAI	NS		SCHEDOLE A
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7	7 Report: 9/16
2	FILER NAME Garza, Delia			3 ACCOUNT # 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Mohamed, Basheer	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/02/2014	6 Contributor address; City; State; Zip Code 8305 Canola Bnd Austin, TX 78729-6465		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup President	pation / Job title (See Instructions)	10 Employer (See In Quality Power,	structions) LLC	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/29/2014	Contributor address; City; State; Zip Code 3830 Hunterwood Pt Austin, TX 78746-1304		\$200.00	
				l	·
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Real Estate		Endeavor Real		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/29/2014	Contributor address; City, State; Zip Code 2908 Sparkling Brook Ln Austin, TX 78746-1987		\$350.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See In Endeavor Real		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2014	Contributor address; City; State; Zip Code 529 Greenridge Dr Coppell, TX 75019-5719		\$350.00 _[
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CEO	pation / Job title (See Instructions)	Employer (See In CP&Y, Inc	structions)	
_	Date	Full name of contributor ut-of-state PAC (ID# Turnham, Joseph	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/28/2014	Contributor address; City; State; Zip Code 677 Sherwood Dr Auburn, AL 36830-6047		\$100.00	
		Traderity The Good Court			· —
	<u> </u>			l ⁻	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 7/7 Report: 10/16		
	FILER NAME	Garza, Delia		3 ACCOUNT # (Ethics Commission filers) 00000009		
	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Zimel, Adam	· · · · · · · · · · · · · · · · · · ·	7 Amount of 8 fn-kind contribution contribution (\$) description (if applicable)		
	10/31/2014	6 Contributor address; City; State; Zip Code 4009 Madrid Cv Austin, TX 78759-5058	, , , , , , , , , , , ,	\$100.00 		
				(If travel outside of Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)		
_						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overheads The Instruction Guide explains hor	
1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/6 Re	eport: 11/16 Garza, Delia	00000009
4 Date	5 Payee name	
11/11/2014	Ace Printing	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$777.92	7807 Doncaster	
	Austin, TX 78745	
		·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Printing
EXPENDITURE		
	2 111 100 111	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/11/2014	Azul Strategies	
Amount (\$)	Payee address City; State; Zip Code	
\$3,812.18	1802 Ann Arbor	
	Austin, TX 78704	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Printing, postage & mailing services
OF	Printing Expense	Trinking, postage & maining services
EXPENDITURE		m
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Oniceriolder hame	. Office sought.
to benefit C/OH		
Date	Payee name	
11/11/2014	Azul Strategies	
Amount (\$)	Payee address City; State; Zip Code	
\$1,522.24	1802 Ann Arbor Austin, TX 78704	
	Austin, 1X 70704	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Phone calls
OF EXPENDITURE		
EXPERIENCE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
10/31/2014	Daze, Ken	
Amount (\$)	Payee address City; State; Zip Code	
\$162.00		
φ102.00	Lakeway, TX 78734	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE. OF	Salaries/Wages/Contract Labor	Contract labor
EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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 fisted above)

Printing Expense Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Garza, Delia 00000009 Schedule: 2/6 Report: 12/16 5 Payee name 4 Date 11/11/2014 Daze, Ken City; State: Amount (\$) Payee address Zip Code 15401 Venadl Drive \$60.00 Lakeway, TX 78734 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Contract labor Salaries/Wages/Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name First Data 11/03/2014 Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$189.98 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name First Data 11/03/2014 City; State; Amount (\$) Payee address Zip Code 5565 Glenridge Connector NE \$141.80 Atlanta, GA 30342 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 12/03/2014 First Data Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$9.60 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Credit card processing fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES 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 ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/6 Re	eport: 13/16	Garza, Delia		00000009
4 Date	5 Payee name			
12/03/2014	First Data			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$169.05	5565 Glenric	dge Connector NE		
	Atlanta, GA	30342		
	(-) (0-1 (0		(h) Description (III)	
8 PURPOSE	Accounting/E	e Categories listed at the top of this schedule)	(b) Description (If travel outside Credit card processing fer	of Texas, complete Schedule T)
OF	/ Accounting/	Sanking	, ,	
EXPENDITURE			Check if Austin, TX, officehold	er living expense
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		•		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Date	Payee name First Data			
12/03/2014		s City: State: Zip Code		
Amount (\$)	Payee addres			
\$66.22	Atlanta, GA	dge Connector NE 30342		
	Category (Sei	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Accounting/E	-	Credit card processing fee	es
OF EXPENDITURE	_			
			Check if Austin, TX, officehold	
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name	<u> </u>		
12/03/2014	First Data			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$42.53	5565 Glenric	lge Connector NE		
	Atlanta, GA	30342		
	_			
PURPOSE		e Categories listed at the top of this schedule)	Description (If travel outside credit card processing fee	of Texas, complete Schedule T)
OF	Accounting/E	sanking	Significant processing re-	
EXPENDITURE			Check if Austin, TX, officehold	or living expense
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			-	
	<u></u>			
Date	Payee name Garza, Delia			
11/11/2014 Amount (\$)	Payee addres			
	· .	·		
\$1,489.75	209 Sandra Austin, TX 7			
	,			
	Category (See	a Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE		ment/Reimbursement	reimbursement of expens	
OF EXPENDITURE	, ,			
	<u> </u>		Check if Austin, TX, officehold	er living expense
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Poiling Expense
Printing Expense

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

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

F 665	Finding Expense	The Instruction Guide explains h	·	a category not listed above)
1 PAGE#		ER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/6 Re	I ~ ~	rza, Delia		00000009
4 Date	5 Payee name			
11/11/2014	Garza, Delia			
6 Amount (\$)	7 Payee address	City; State; Zip Code		·
\$5,025.00	209 Sandra St.			
40,020.00	Austin, TX 78745			
8	(a) Category (See Catego	ries listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/R	leimbursement	repayment of loan	
EXPENDITURE				i
	0 514 405 1 1		Check if Austin, TX, officehold	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Office sought:	Office held:
Date	Payee name			
10/30/2014	IKĖA			
Amount (\$)	Payee address	City; State; Zip Code		
\$178.40	1 Ikea Way			
	Round Rock, TX 7	8665		
				<u></u>
PURPOSE		ries listed at the top of this schedule)	Description (If travel outside Gifts	of Texas, complete Schedule T)
OF	Gifts/Awards/Memo	orials Expense	Girls	
EXPENDITURE				
Complete ONLY if	Candidate / Officeholo	der name	Check if Austin, TX, officehold Office sought:	er living expense Office held:
direct expenditure	Carreldate i Cilicerion	aci riarrio	Office Sought.	Office field.
to benefit C/OH				
Date	Payee name			
10/27/2014	James, Beau			
Amount (\$)	Payee address	City; State; Zip Code		
\$42.00	6001 York Bridge C Austin, TX 78749	Cir.		
	Addill, IX 10149			
	Category (See Category	ries listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Co		Contract labor	or restau, complete senses in
OF EXPENDITURE				
			Check if Austin, TX, officehold	er living expense
Complete ONLY if	Candidate / Officehold	der name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Рауее лате			· • ·
10/31/2014	James, Beau			
Amount (\$)	Payee address	City; State; Zip Code		
\$66.00	6001 York Bridge C	•		
Ψ00.00	Austin, TX 78749			
	Category (See Categor	ries listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Co	ntract Labor	Contract labor	_
EXPENDITURE			 	
			Check if Austin, TX, officehold	
Complete ONLY if a direct expenditure to benefit C/OH	Candidate / Officehold	ier name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

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

Fees		/Rental Expense OTHER (enter a category not listed above)
. 5.65 "	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME Garza, Delia	3 ACCOUNT # (TEC filers)
Schedule: 5/6 Re	port. To/To	00000009
4 Date	5 Payee name James, Derek	
10/31/2014		
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$172.00	4902 Alma Loma Dr. Austin, TX 78749	
8 PURPOSE	(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
OF EXPENDITURE	•	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 11/11/2014	Payee name James, Derek	
Amount (\$)	Payee address City; State; Zip Code	
\$60.00	4902 Alma Loma Dr. Austin, TX 78749	
PURPOSE OF	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
EXPENDITURE		
C	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder frame	Office sought. Office field.
Date	Payee name	
11/04/2014	Susan Harry Consulting, LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	P.O. Box 301074 Austin, TX 78703	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Compliance Consulting
EXPENDITURE		
A	Condidate / Office -	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/04/2014	Trudy's	
Amount (\$)	Payee address City; State; Zip Code	
\$382.54	901 Little Texas Lane Austin, TX 78745	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Election night party
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	•	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Polling Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Garza, Delia 00000009 Schedule: 6/6 Report: 16/16 4 Date 5 Payee name Williams, Marisa 10/31/2014 6 Amount (\$) Pavee address City: State: Zip Code 6509 Scenic Cove \$750.00 Austin, TX 78739 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 11/05/2014 Williams, Marisa Payee address Amount (\$) City; State; Zip Code 6509 Scenic Cove \$1,750.00 Austin, TX 78739 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Williams, Marisa 11/11/2014 Amount (\$) Payee address State: City; Zip Code 6509 Scenic Cove \$500.00 Austin, TX 78739 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name 10/29/2014 Worley Printing Amount (\$) Payee address City: State: Zip Code 3217 N Interstate 35 Frontage Rd \$562.36 Austin, TX 78735 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year. Name of candidate, officeholder or campaign committee: For each checking, savings or other financial institution account maintained during 2014, enter the following information indicated. For each additional institution, use a copy of this schedule. The name of the financial institution: Frost Bank Type of account: Checking The beginning balance: \$0 The ending balance: _\$3,855.02_____ Enter the following information for checks issued on that account that have not cleared by December 31: Payee Date Amount Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution: Contributor Date of receipt Amount

Reference § 2-2-25, Austin City Code			
		•	
Amount of interest or dividends earned:			

All denocite and	withdrawale not	disclosed on	a filled a	contribution and	Lexpenditure report:

SCHEDULE ATX. 4 - attach to form C/OH (C&E)

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
Various	.30 cents total for year (bank interest)	
5-6-14	.34 cents (Gvalidate test deposit for accounting service)	

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
·		
·		