Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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)

2 Total pages filed: 17

OFFICE USE ONLY

Date Received

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Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mayor FIRST: Edward MI:
NICKNAME: LAST: Garza SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 120003 San Antonio TX 78212

5 CAMPAIGN TREASURER NAME

TITLE: Mrs. FIRST: Edith MI:
NICKNAME: LAST: McAllister SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
203 Terrell Rd. San Antonio, TX 78209

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 826-1005 EXTENSION:

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 4 / 4 / 2003 THROUGH Month Day Year: 4 / 24 / 2003

10 ELECTION

ELECTION DATE Month Day Year: 5 / 3 / 2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☑ Special City Election

11 OFFICE

OFFICE HELD (if any): Mayor

12 OFFICE SOUGHT (if known): Mayor

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Mayor Ed Garza

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Itemized
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Itemized
	4. **TOTAL POLITICAL EXPENDITURES**	$ 18,183.75
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

JULIA DAVIS ELLISON
MY COMMISSION EXPIRES
April 29, 2005

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Garza, this the 24th day of April, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Julia Davis Ellison	Julia Davis Ellison	Senior Exec. Secty

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3/7

2 FILER NAME
Mayor Edward Garza

3 ACCOUNT # (Ethics Commission filers)
000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/14/2003	Mr. David Ho 7669 Ave. D Mobile AL 36605	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/16/2003	Ms. Anna Marie Fernandez 605 Linares San Antonio TX 78225	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/10/2003	Mrs. Evelia Reyna 1723 W. Huisache San Antonio TX 78201	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. and Mrs. William Balthrope 4242 N. Pan Am Expressway San Antonio TX 78218	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. Chris Carson 1138 E. Commerce San Antonio TX 78205	100.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4/7

2 FILER NAME
Mayor Edward Garza

3 ACCOUNT # (Ethics Commission filers)
000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/05/2003	Ms. Jane Macon 300 Convent #2200 San Antonio TX 78205	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
04/05/2003	Dr. Ruskin Norman 7979 Broadway #101 San Antonio TX 78209	250.00	
Principal occupation (Optional)	Employer (Optional)		
04/05/2003	Mr. Stephen Seidel 214 Charles Rd. San Antonio TX 78209	250.00	
Principal occupation (Optional)	Employer (Optional)		
04/05/2003	Mr. Michael Morell 211 Alta San Antonio TX 78209	100.00	
Principal occupation (Optional)	Employer (Optional)		
04/12/2003	Mrs. Mary Alice Cisneros 454 Soledad #300 San Antonio TX 78205	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5/7

2 FILER NAME
Mayor Edward Garza

3 ACCOUNT # (Ethics Commission filers)
000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/11/2003	Mr. Henry Cisneros 454 Soledad #300 San Antonio TX 78205	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/12/2003	Mrs. Patricia Steves 501 Grandview Place San Antonio TX 78209	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. Peter Broderick 119 E. Elmview Place San Antonio TX 78209	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. William McCartney 109 Sequoia Drive San Antonio TX 78232	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Ms. Grace Gonzales 816 Camaron #209 San Antonio TX 78212	100.00	

Principal occupation (Optional)	Employer (Optional)

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2003 APR 24 P 4:

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6/7

2 FILER NAME
Mayor Edward Garza

3 ACCOUNT # (Ethics Commission filers)
000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/06/2003	Mr. Albert Davila 369 Club Drive San Antonio TX 78201	1000.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/05/2003	Mr. Bart Koontz 829 Contour San Antonio TX 78212	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. Pat Maloney Jr. 239 E. Commerce San Antonio TX 78205	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. Clifford Morton 1919 Oakwell Farms Pkwy #270 San Antonio TX 78218	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/2003	Mr. William Negley 1250 N.E. Loop 410 #200 San Antonio TX 78209	100.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7/7

2 FILER NAME
Mayor Edward Garza

3 ACCOUNT # (Ethics Commission filers)
000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/06/2003	Mr. Richard Sheldon 601 Sonterra San Antonio TX 78258	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/05/2003	Dr. Morris Spector P.O. Box 15273 San Antonio TX 78212	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3.25.03	DRISKOLL HOTEL 604 BRAZOS Austin, TX 78701	92.00

8 Purpose of payment (See instructions regarding type of information required.): TRAVEL

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.25.03	RODRIGUEZ, ESMERALDA 15651 CHASE HILL BLVD #508 SAN ANTONIO, TX 78256	90.00

Purpose of payment (See instructions regarding type of information required.): SALARY

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	POLITICO 835 WOODLAWN San Antonio, TX 78212	3,250.00

Purpose of payment (See instructions regarding type of information required.): CONSULTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	EVA NEUBERT 1023 AVE B #1 San ANTONIO, TX 78215	515.95

Purpose of payment (See instructions regarding type of information required.): REIMBURSMENTS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3.28.03	CPS PO Box 2678 San Antonio, TX 78289	216.58

8 Purpose of payment (See instructions regarding type of information required.): UTILITIES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	ANNE WHITTINGTON 8715 Starorest San Antonio, TX 78217	141.59

Purpose of payment (See instructions regarding type of information required.): Reimbursement

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	SBC PO Box 4844 Houston, TX 77097	46.98

Purpose of payment (See instructions regarding type of information required.): Telephone

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	Cavender Properties 215 W TRAVIS San Antonio, TX 78205	1,500.00

Purpose of payment (See instructions regarding type of information required.): Rent

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers): 8

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3.28.03	EVA Neubert 1023 Ave B #1 San Antonio, TX 78215	1,000.00

8 Purpose of payment (See instructions regarding type of information required.): Salary

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	Anne Whittington 8715 Starcrest DR San Antonio, TX 78217	4,000.00

Purpose of payment (See instructions regarding type of information required.): Salary

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.28.03	MINDTRUSS 7701 BROADWAY #208 San Antonio, TX 78209	202.00

Purpose of payment (See instructions regarding type of information required.): Computer Repair

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.1.03	Cabello, Carlos 2606 Mountain ~~Home~~ San Antonio, TX 78251	50.00

Purpose of payment (See instructions regarding type of information required.): Salary

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.4.03	DRISKILL HOTEL 604 BRAZOS AUSTIN, TX 78701	184.00

8 Purpose of payment (See instructions regarding type of information required.): TRAVEL

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.11.03	EVA NEUBERT 1023 Ave B #1 San Antonio, TX 78215	426.08

Purpose of payment (See instructions regarding type of information required.): Reimbursements

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.11.03	SBC P O Box 4844 Houston, TX 77097	145.00

Purpose of payment (See instructions regarding type of information required.): Telephone

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.11.03	Plaza Club 2100 Frost Bank TOWER San Antonio, TX 78205	88.75

Purpose of payment (See instructions regarding type of information required.): Membership

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.11.03	ALAMO TRAVEL 9000 Wurzbach San Antonio, TX 78240	674.50

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
TRAVEL	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.11.03	Pete Cortez 218 Produce San Antonio, TX 78207	150.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Reimbursement	

Date	Payee name / Payee address; City; State; Zip Code	Amount
4.11.03	Security One PO Box 23280 San Antonio, TX 78223	5.91

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Security	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.11.03	PolitiCo 835 W Woodlawn San Antonio, TX 78212	2,000.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Consulting	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.11.03	Esmeralda Rodriguez 15651 Chase Hill Blvd #508 San Antonio, TX 78256	132.00

8 Purpose of payment (See instructions regarding type of information required.): Salary

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.11.03	Money Mailer 255 Claywell Dr. #2 San Antonio, TX 78209	930.96

Purpose of payment (See instructions regarding type of information required.): Printing & Reproduction

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.14.03	Bear Audio Visual Inc. 1602 W. Kings Hwy San Antonio, TX 78201	395.50

Purpose of payment (See instructions regarding type of information required.): Audio Services

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.15.03	Fiesta SA Commission 2611 Broadway San Antonio, TX 78215	91.69

Purpose of payment (See instructions regarding type of information required.): Supplies

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.15.03	Cingular Wireless P O Box 4460 Houston, TX 77097	460.00

8 Purpose of payment (See instructions regarding type of information required.): Telephone

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.03	Deprez Travel 145 Rue de Ville Rochester, NY 14618	216.91

Purpose of payment (See instructions regarding type of information required.): TRAVEL

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.03	ALAMO TRAVEL 9000 Wurzbach San Antonio, TX 78240	696.00

Purpose of payment (See instructions regarding type of information required.): Travel Expense

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.03	ESMERALDA Rodriguez 15651 Chase Hill #508 San Antonio, TX 78256	57.00

Purpose of payment (See instructions regarding type of information required.): Salary

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.22.03	CPS PO Box 2678 San Antonio, TX	98.64

8 Purpose of payment (See instructions regarding type of information required.): UTILITIES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.03	ALLEE WALLACE 3616 Versailles San Antonio, TX 78219	175.00

Purpose of payment (See instructions regarding type of information required.): PHOTOGRAPHS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.03	SBC PO Box 4844 Houston, TX 77097	46.92

Purpose of payment (See instructions regarding type of information required.): Telephone

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.03	Time Warner Cable PO Box 650734 Dallas, TX 75265	105.85

Purpose of payment (See instructions regarding type of information required.): Roadrunner

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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