POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.3.01	FROST BANK PO Box 1600 San Antonio, TX 78296-1600	12,500.00

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

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 ($)
7.5.01	U S POSTAL Service 2400 McCullough SAN Antonio, TX 78215	194.00

Purpose of payment (See instructions regarding type of information required.): UPS Delivery & POSTAGE

•• 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 ($)
7.9.01	FAST FRAME 5601 BANDERA Rd SAN Antonio, TX 78238	333.24

Purpose of payment (See instructions regarding type of information required.): FRAMING FOR OFFICES

•• 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 ($)
7.9.01	Fed EX PO Box 1140 MEMPHIS, TN 38101-1140	14.04

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.9.01	City Public Service PO Box 2678 SAN Antonio, TX 78289-0001	517.68

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 ($)
7.9.01	CITY PUBLIC SERVICE PO Box 2678 SAN Antonio, TX 78289-0001	107.73

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

•• 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 ($)
7.9.01	CITY PUBLIC SERVICE PO Box 2678 SAN ANTONIO, TX 78289-0001	334.93

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

•• 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 ($)
7.9.01	S. W. BELL P.O. Box 4845 HOUSTON, TX 77097	265.21

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.9.01	S. W. BELL PO BOX 4845 HOUSTON, TX 77097	277.29

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 ($)
7.9.01	SECURITY ONE PO BOX 23280 SAN ANTONIO, TX 78223-0280	26.97

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

•• 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 ($)
7.9.01	DAHILL INDUSTRIES PO BOX 314 SAN ANTONIO, TX 78292	281.25

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

•• 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 ($)
7.9.01	MESSAGE AUDIENCE 2400 S. 4th St. AUSTIN, TX 78704	500.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.9.01	S. A. POST NEWS PO BOX 14463 SAN ANTONIO, TX 78214	300.00

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

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 ($)
7.10.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296-1600	503.00

Purpose of payment (See instructions regarding type of information required.): RETURNED CHECK & FEE

•• 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 ($)
7.10.01	Avenida GUADALUPE ASSOC. 1327 GUADALUPE SAN ANTONIO, TX 78207	25.00

Purpose of payment (See instructions regarding type of information required.): PARADE ENTRY FEE

•• 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 ($)
7.12.01	A.V. SOURCE 435 ISOM ROAD SAN ANTONIO, TX 78216	278.32

Purpose of payment (See instructions regarding type of information required.): AUDIO VISUAL RENTAL FEE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.13.01	FROST BANK P O BOX 1600 SAN ANTONIO, TX 78296-1600	10.00

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

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 ($)
7.18.01	ALLIED ADVERTISING 3700 BLANCO RD. SAN ANTONIO, TX 78212	113.27

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

•• 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 ($)
7.18.01	M.L.C. MARKETING 255 CLAYWELL DR SAN ANTONIO, TX 78209	1,957.75

Purpose of payment (See instructions regarding type of information required.): PRINTING/MAILER

•• 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 ($)
7.18.01	S.A. MARRIOTT RIVER CENTER 101 BOWIE SAN ANTONIO, TX 78205	683.56

Purpose of payment (See instructions regarding type of information required.): RENTAL FOR EVENT

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.18.01	Tommy Hultgren 7214 N. Vandiver San Antonio, TX 78209	1,055.00

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

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 ($)
7.18.01	Aldrete Communications 2400 S. 4th St. Austin, TX 78704	2,912.16

Purpose of payment (See instructions regarding type of information required.): CONSULTING 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 ($)
7.18.01	Plaza Club Frost Bank Tower San Antonio, TX 78201	85.50

Purpose of payment (See instructions regarding type of information required.): DUES + FEES

•• 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 ($)
7.18.01	Fresh Horizons 220 Broadway San Antonio, TX 78215	1,000.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.18.01	Adv. in Advertising 6631 MORNING SHADOW LANE SAN ANTONIO, TX 78256	1,032.97

8 Purpose of payment (See instructions regarding type of information required.): PRINTING T SHIRTS

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 ($)
7.18.01	Message Audience 2400 S. 4th AUSTIN, TX 78704	1,419.04

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

•• 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 ($)
7.18.01	McLean - Clark 517 SECOND ST, NE WASHINGTON, DC 20002	2,000.00

Purpose of payment (See instructions regarding type of information required.): COMPUTER 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 ($)
7.18.01	EVA Neubert 1023 Ave B #1 SAN ANTONIO, TX 78215	110.83

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7.18.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296-1600	25.00

8 Purpose of payment (See instructions regarding type of information required.): BANK SERVICE CHARGE

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 ($)
7.19.01	J. Betancourt 3230 W. FRENCH PLACE SAN ANTONIO, TX 78228	100.00

Purpose of payment (See instructions regarding type of information required.): PLUMBING 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 ($)
8.2.01	ED GARZA P.O BOX 120003 SAN ANTONIO, TX 78212	1,175.02

Purpose of payment (See instructions regarding type of information required.): REIMBURSE FOR HOTEL TRIP EXPENSES

•• 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 ($)
8.5.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296	71.22

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8.5.01	S. W. Bell P. O. Box 4699 Houston, TX 77097	301.63

8 Purpose of payment (See instructions regarding type of information required.): UTILITY 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 ($)
8.13.01	FROST BANK P O Box 1600 SAN ANTONIO, TX 78296-1600	10.00

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

•• 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 ($)
8.14.01	CINGULAR WIRELESS PO Box 4460 HOUSTON, TX 77097-0082	127.87

Purpose of payment (See instructions regarding type of information required.): TELEPHONE - CELL

•• 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 ($)
8.14.01	S. W. Bell PO Box 4699 Houston, TX 77097	140.41

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8.16.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296-1600	1,000.00

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

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 ($)
8.16.01	C.P.S. PO BOX 2678 SAN ANTONIO, TX 78289-0001	7.89

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

•• 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 ($)
8.16.01	ANNE WHITTINGTON 8715 STARCREST #3 SAN ANTONIO, TX 78217	750.00

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

•• 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 ($)
8.16.01	A.V. SOURCE 435 ISOM ROAD #208 SAN ANTONIO, TX 78216	500.00

Purpose of payment (See instructions regarding type of information required.): RENT AUDIO VISUAL EQUIP.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8.16.01	R. E. LEE HIGH SCHOOL BOOSTER CLUB 1400 JACKSON Keller Rd. SAN ANTONIO, TX 78213	70.00

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

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 ($)
8.16.01	R. Regan High School 20730 Huebner SAN ANTONIO, TX 78258	145.00

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

•• 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 ($)
8.16.01	Jefferson High ATHELETIC Booster Club 723 Donaldson SAN ANTONIO, TX	150.00

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

•• 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 ($)
8.16.01	SOUTHSIDE REPORTER 2203 Hackberry SAN ANTONIO, TX 78210	300.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8.16.01	GANDARA, Jesus 11420 Haney Rd. EL PASO, TX	193.75

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 ($)
8.16.01	PLAZA CLUB FROST BANK TOWER SAN ANTONIO, TX 78205	88.75

Purpose of payment (See instructions regarding type of information required.): DUES AND FEES

•• 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 ($)
8.16.01	Neubert, EVA 1023 AVE B #1 SAN ANTONIO, TX 78215	150.97

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

•• 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 ($)
8.16.01	Neubert, EVA 1023 AVE B #1 SAN ANTONIO, TX 78215	1,000.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 13/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8.20.01	CHURCHILL WINSTON SR HIGH SCHOOL 12049 BLANCO RD. SAN ANTONIO, TX	145.00

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

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 ($)
8.20.01	CLARK HIGH SCHOOL BOOSTER CLUB 5150 DeZavala Rd. SAN ANTONIO, TX 78249	85.00

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

•• 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 ($)
8.22.01	SAN ANTONIO AFLCIO 311 S. St MARYS SAN ANTONIO, TX 78205	125.00

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

•• 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 ($)
8.28.01	Adv. in Advertising 6631 MORNING SHADOW LANE SAN ANTONIO, TX 78256	2,162.17

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14/39

2 FILER NAME: EDWARD GARGA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8.28.01	ADV. IN ADVERTISING 6631 MORNING SHADOW LANE SAN ANTONIO, TX 78256	2,600.00

8 Purpose of payment (See instructions regarding type of information required.): PRINTING & REPRODUCTION

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 ($)
8.31.01	GANDARA, JESUS 1 1420 HANEY Rd EL PASO, TX 79927	237.50

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

•• 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 ($)
9.4.01	Ozarka PO BOX 52214 PHOENIX, AZ 85072	59.76

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

•• 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 ($)
9.4.01	S.W. Bell PO BOX 4845 HOUSTON, TX 77097	140.45

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 15/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.4.01	T. W. CABLE PO BOX 460849 SAN ANTONIO, TX 78246	60.55

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

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 ($)
9.4.01	C.P.S. PO BOX 2678 SAN ANTONIO, TX 78289	678.30

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

•• 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 ($)
9.4.01	ANNE WHITTINGTON 8715 STARCREST #3 SAN ANTONIO, TX 78216	750.00

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

•• 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 ($)
9.10.01	WILSON OFFICE FURNITURE & SERVICE 655 RICHLAND HILLS SAN ANTONIO, TX 78245	528.59

Purpose of payment (See instructions regarding type of information required.): OFFICE FURNITURE REPAIR

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 16/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.28.01	BEST BUY 125 NW LOOP 410 SAN ANTONIO, TX 78216	1,833.86

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

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 ($)
9.10.01	JANAL WHOLESALE 1942 N ST MARYS SAN ANTONIO, TX 78212	187.05

Purpose of payment (See instructions regarding type of information required.): FLOWERS - SR. CITIZENS

•• 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 ($)
9.13.01	SECURITY ONE PO BOX 23280 SAN ANTONIO, TX 78223	53.94

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

•• 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 ($)
9.13.01	CINGULAR WIRELESS PO BOX 4460 HOUSTON, TX 77097	274.07

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 17/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.13.01	W. S. A. CHAMBER OF COMMERCE 801 S. FRIO SAN ANTONIO, TX 78207	100.00

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

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 ($)
9.13.01	M. T. C. INC. 800 DOLOROSA SAN ANTONIO, TX 78207	191.71

Purpose of payment (See instructions regarding type of information required.): Meals & ENTERTAINMENT

•• 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 ($)
9.12.01	FROST BANK P O BOX 1600 SAN ANTONIO, TX 78296	5,000.00

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

•• 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 ($)
9.13.01	Guadulupe Community Center 1801 W. DURANGO SAN ANTONIO, TX 78207	100.00

Purpose of payment (See instructions regarding type of information required.): SPONSORSHIP CHARITY EVENT

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 18/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.13.01	ELECTION SUPPORT SERVICES, INC. 4958 MILITARY DRIVE WEST SAN ANTONIO, TX 78242	850.00

8 Purpose of payment (See instructions regarding type of information required.): MAP-ANALYSIS

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 ($)
9.13.01	Neubert, EVA 1023 Ave B #1 SAN Antonio, TX 78215	1,000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9.14.01	FROST BANK P O Box 1600 SAN Antonio, TX 78296	10.00

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

•• 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 ($)
9.14.01	GANDARA, Jesus 11420 HANEY Rd. EL PASO, TX 79927	181.25

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 19/39

2 FILER NAME EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.19.01	FROST BANK P. O. BOX 1600 SAN ANTONIO, TX 78296	3,811.15

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

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 ($)
9.20.01	S. W. Bell P. O. BOX 4844 HOUSTON, TX 77097	63.10

Purpose of payment (See instructions regarding type of information required.): UTILITIES 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 ($)
9.13.01	PLAZA CLUB FROST BANK TOWER SAN ANTONIO, TX 78201	88.71

Purpose of payment (See instructions regarding type of information required.): MEMBERSHIP & FEES

•• 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 ($)
12.26.01	COMMUNITY OFFICE - CAMPAIGN OFFICE P. O. BOX 120003 SAN ANTONIO, TX 78212	200.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 20/39

2 FILER NAME EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.28.01	Jefferson Area Community Outreach 201 Meredith Dr. SAN ANTONIO, TX 78228	500.00

8 Purpose of payment (See instructions regarding type of information required.): SPONSOR CHARITY EVENT

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 ($)
9.28.01	S. W. Bell P. O. Box 4844 Houston, TX 77097	114.10

Purpose of payment (See instructions regarding type of information required.): UTILITIES 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 ($)
9.28.01	T. W. CABLE PO Box 650734 DALLAS, TX 75265	113.50

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

•• 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 ($)
9.28.01	C. P. S PO Box 2678 SAN ANTONIO, TX 78289	300.70

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 21/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9.28.01	GANDARA, JESUS 11420 Haney Rd. EL PASO, TX 79927	231.25

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 ($)
9.28.01	The LOVING DOZEN, A Charitable Organization 1000 W. Commerce SAN ANTONIO, TX 78227	50.00

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

•• 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 ($)
9.28.01	GANDARA, JESUS 11420 Haney Rd EL PASO, TX 79927	231.25

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10.1.01	ED GARZA P O BOX 120003 SAN ANTONIO, TX 78215	764.65

Purpose of payment (See instructions regarding type of information required.): REIMBURSE HOTEL CHARGES

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 22/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.2.01	SECURITY ONE PO BOX 23280 SAN ANTONIO, TX 78223	26.97

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

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 ($)
10.1.01	S. W. Bell P.O. BOX 4845 HOUSTON, TX 7	140.45

Purpose of payment (See instructions regarding type of information required.): UTILITIES 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 ($)
10.4.01	T. P. G. COMPUTER 206 E. NAKOMA SAN ANTONIO, TX 78216	80.91

Purpose of payment (See instructions regarding type of information required.): COMPUTER 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 ($)
10.4.01	HOLMES & SHAW INC. PO BOX 78279 SAN ANTONIO, TX 7827	1,000.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 22/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.8.01	Neubert, Eva 1023 Ave. B #1 SAN ANTONIO, TX 78215	1,000.00

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

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 ($)
10.11.01	GANDARA, Jesus 11420 HANEY Rd. EL PASO, TX 79927	168.75

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

•• 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 ($)
10.11.01	POWELL, W. E. 11 LYNN BATTS LANE SAN ANTONIO, TX 78218	2,254.08

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

•• 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 ($)
10.23.01	MAID OF HONOR PO Box 142815 AUSTIN, TX 78714	1,142.17

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 24/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.11.01	BITTERBLUE INC 11 LYNN BATTS LANE SAN ANTONIO, TX 72218	881.77

8 Purpose of payment (See instructions regarding type of information required.): REIM. CAMPAIGN EXPENSES

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 ($)
10.11.01	L. A. DENTON 11 LYNN BATTS LANE SAN ANTONIO, TX 72218	2,254.07

Purpose of payment (See instructions regarding type of information required.): Reimburse CAMPAIGN EXPENSES

•• 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 ($)
10.11.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296	71.25

Purpose of payment (See instructions regarding type of information required.): PRINTING CHECK CHARGE

•• 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 ($)
10.11.01	GANDARA, JESUS 11420 HANEY Rd. EL PASO, TX 79927	168.78

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 25/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.18.01	SHIPLEY, G.W. 2102 MOUNTAIN View Rd. AUSTIN, TX 78703	5,000.00

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

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 ($)
10.23.01	PLAZA CLUB 2100 FROST BANK TOWER SAN ANTONIO, TX 78205	88.73

Purpose of payment (See instructions regarding type of information required.): MEMBERSHIP & FEES

•• 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 ($)
10.24.01	GANDARA, Jesus 11420 Haney Rd EL PASO, TX 79927	150.00

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

•• 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 ($)
10.31.01	Neubert, EVA 1023 Ave B #1 SAN ANTONIO, TX 78215	1,045.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 26/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.31.01	T. W. CABLE P. O. BOX 460849 SAN ANTONIO, TX 78246	113.50

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

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 ($)
10.31.01	De Berry, TRISH 411 SIXTH ST SAN ANTONIO, TX 78215	501.55

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

•• 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 ($)
10.31.01	Guerra DeBerry & Co. 411 SIXTH ST SAN ANTONIO, TX 78215	2,904.14

Purpose of payment (See instructions regarding type of information required.): MARKETING, ADVERTISING

•• 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 ($)
10.31.01	Neubert, EVA 1023 AVE B #1 SAN ANTONIO, TX	16.90

Purpose of payment (See instructions regarding type of information required.): Reimburse OFFICE EXPENSE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 27/39

2 FILER NAME EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.31.01	SECURITY ONE PO BOX 23280 SAN ANTONIO, TX 78223	26.97

8 Purpose of payment (See instructions regarding type of information required.): BLDG SECURITY SERVICE

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 ($)
10.31.01	C. P. S. PO Box 2678 SAN ANTONIO, TX 78289	185.35

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

•• 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 ($)
10.31.01	GANDARA, JESUS 11420 HANEY Rd EL PASO, TX 79927	87.50

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

•• 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 ($)
11.01.01	S.W. Bell PO Box 4845 HOUSTON, TX 77091	140.27

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 28/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11.1.01	UNITED WAY 700 S. ALAMO SAN ANTONIO, TX 78205	25.00

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

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 ($)
11.1.01	CORTEZ, PHILIP 351 Mc NARNEY SAN ANTONIO, TX 78211	150.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE 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 ($)
11.8.01	OFFICE MAX 12635 W IH 10 SAN ANTONIO, TX 78230	74.37

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

•• 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 ($)
11.8.01	GANDARA, JESUS 11420 HANEY Rd. EL PASO, TX 79927	114.25

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 29/39

2 FILER NAME EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11.13.01	S.A. POST NEWSPAPER PO BOX 14463 SAN ANTONIO, TX 78214	350.00

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

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 ($)
11.15.01	ELECTION SUPPORT 4958 MILITARY DRIVE W SAN ANTONIO, TX 78242	1,514.88

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN SERVICES - MAILER

•• 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 ($)
11.15.01	CORTEZ, PHILIP 351 MCNARNEY SAN ANTONIO, TX 78211	179.47

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11.19.01	JESUS GANDARA 11420 HANEY RD EL PASO, TX 79927	143.75

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 30/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11.16.01	CORTEZ, PHILIP 351 MCNARNEY SAN ANTONIO, TX 78211	150.00

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

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 ($)
11.19.01	C. P. S. PO BOX 2678 SAN ANTONIO, TX 78289	153.93

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

•• 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 ($)
11.19.01	HOLY FAMILY SENIOR CITIZENS CENTER 152 FLORENCIA SAN ANTONIO, TX 78228	100.00

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

•• 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 ($)
12.1.01	HYATT REGENCY HOTEL 15747 JF Kennedy BLVD HOUSTON, TX 77032	470.84

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

•• 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: 31/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11.19.01	MARRIOTT 1365 Peachtree St ATLANTA. GA 30309	865.77

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

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 ($)
11.19.01	NANCY HARKINS STATIONARY 5400 BROADWAY SAN ANTONIO, TX 78209	76.50

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

•• 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 ($)
11.28.01	DOUBLETREE HOTEL 400 DALLAS ST HOUSTON, TX 77002	244.53

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

•• 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 ($)
11.29	GANDARA, JESUS 11420 HANEY RD EL PASO, TX 79927	150.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 32/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11.30.01	Jesus GANDARA 11420 HANEY RD EL PASO, TX 79927	150.00

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

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 ($)
11.30.01	Neubert, EVA 1023 Ave B #1 SAN ANTONIO, TX 78215	1,000.00

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

•• 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 ($)
11.30.01	Neubert, EVA 1023 Ave B #1 SAN ANTONIO, TX 78215	194.49

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11.30.01	GANDARA, Jesus 11420 HANEY RD EL PASO, TX 79927	131.25

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

•• 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: 33/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12.10.01	BUDGET SIGNS 2801 W. AVENUE SAN ANTONIO, TX 78201	194.18

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

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 ($)
12.10.01	S.B.C. PO BOX 4844 HOUSTON, TX 77097	172.91

Purpose of payment (See instructions regarding type of information required.): UTILITIES 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 ($)
12.10.01	SECURITY ONE PO BOX 23280 SAN ANTONIO, TX 78223	26.97

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

•• 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 ($)
12.01.01	PLAZA CLUB 2100 FROST BANK TOWER SAN ANTONIO, TX 78205	113.73

Purpose of payment (See instructions regarding type of information required.): DUES & FEES

•• 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: 34/39

2 FILER NAME EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12.10.01	T. W. CABLE PO BOX 460849 SAN ANTONIO, TX 78246	113.60

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

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 ($)
12.10.01	C. P. S. PO BOX 2678 SAN ANTONIO, TX 78289	16.37

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

•• 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 ($)
12.12.01	EVA Neubert 1023 AVENUE B #1 SAN ANTONIO, TX 78215	290.26

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT OFFICE SUPPLIES

•• 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 ($)
12.14.01	GARZA, ED PO BOX 120003 SAN ANTONIO, TX 78212	55.00

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT FOR PO BOX RENTAL

•• 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: 35/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12.13.01	FROST BANK PO Box 16000 SAN ANTONIO, TX 78296-1600	10.00

8 Purpose of payment (See instructions regarding type of information required.): BANK SERVICE CHARGE

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 ($)
12.13.01	St. Vincent de Paul Society 928 W. Commerce ST. SAN ANTONIO, TX 78207	125.00

Purpose of payment (See instructions regarding type of information required.): CHARITY DONATION - HUNGER

•• 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 ($)
12.17.01	CINGULAR WIRELESS PO Box 4460 HOUSTON, TX 77097	172.97

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

•• 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 ($)
12.17.01	EVA Neubert 1023 AVE B #1 SANANTONIO, TX 78215	136.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 36/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12.18.01	J. ALEXANDERS RESTAURANT 255 E. BASSE RD SAN ANTONIO, TX 78209	305.00

8 Purpose of payment (See instructions regarding type of information required.): STAFF HOLIDAY EVENT

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 ($)
12.18.01	GODIVA CHOCOLATIER RIVER CENTER SAN ANTONIO, TX 78205	579.83

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

•• 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 ($)
12.17.01	GANDARA, JESSE 11420 HANEY RD EL PASO, TX 79927	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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12.20.01	Neubert, EVA 1023 AVE B #1 SAN ANTONIO, TX 78215	1,000.00

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

•• 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: 37/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12.21.01	SPRINT PCS PO BOX 219718 KANSAS CITY, MO 64121-9718	141.41

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

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 ($)
12.26.01	C.P.S. PO BOX 2678 SAN ANTONIO, TX 78289	146.74

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

•• 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 ($)
12.26.01	DAHILL INDUSTRIES PO BOX 314 SAN ANTONIO, TX 78292	833.46

Purpose of payment (See instructions regarding type of information required.): COPY MACHINE & COPIES

•• 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 ($)
12.26.01	COMMUNITY OFFICE - CAMPAIGN OFFICE PO BOX 120003 SAN ANTONIO, TX 78212	200.00

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

•• 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: 38/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
10.31.01	CINGULAR WIRELESS PO BOX 4460 HOUSTON, TX 77097	114.59

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10.18.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296	40.00

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

•• 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 ($)
9.10.01	LA PRENZA	160.00

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

•• 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 ($)
10.12.01	FROST BANK PO BOX 1600 SAN ANTONIO, TX 78296	10.00

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

•• 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: 39/39

2 FILER NAME: EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
9.12.01	MESSAGE AUDIENCE 2400 S. 4TH STREET AUSTIN, TX 78704	2,000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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