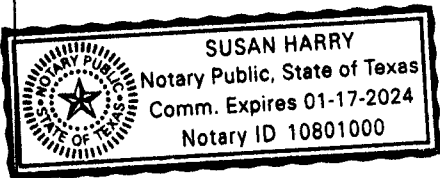


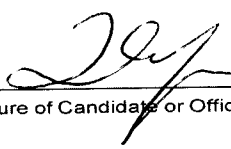
# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

9618

FORM COR-C/OH

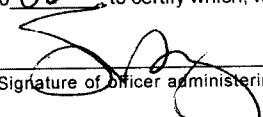
<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: 82 <del>15</del> 15		<b>OFFICE USE ONLY</b>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Delia	MI	Date Received		
	NICKNAME	LAST Garza	SUFFIX	2020 FEB 24 PM 3:59 FILED FOR RECORD DANA DEBEAUVONNE COUNTY CLERK TRAVIS COUNTY TEXAS		
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-Delivered or Date Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01	01	2020	THROUGH	01	23
<b>6</b> EXPLANATION OF CORRECTION						
We just received the amount of an in-kind contribution for a meet and greet in the previous reporting period. We also inadvertently omitted the amount of a \$100 loan on Page 2 of the last report. These corrections are made on this amended report.						
<b>7</b> AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
Check ONLY if applicable:						
<input type="checkbox"/> <b>Semiannual reports:</b> I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.						
<input checked="" type="checkbox"/> <b>Other reports:</b> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						



  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delia Garza, this the 24<sup>th</sup> day of February, 2020, to certify which, witness my hand and seal of office.

 Signature of officer administering oath     
 Susan Harry Printed name of officer administering oath     
 Notary Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: <i>gt 15</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Delia	MI MI
	NICKNAME	LAST Garza	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		OFFICE USE ONLY
	P.O. Box 301074		Date Received
	Austin, TX 78703		Receipt #      Amount
			Date Processed
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Yvonne	MI MI
	NICKNAME	LAST Massey Davis	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8108 Red Willow Dr. Austin, TX 78736		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 626-3981		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	01/01/2020	THROUGH	01/23/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		03/03/2020	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Austin City Council		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 15

13 C / OH NAME Garza, Delia	14 Filer ID
--------------------------------	-------------

15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	601.81
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20,955.07
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	2.05
	4.	TOTAL POLITICAL EXPENDITURES	\$	12,759.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	70,144.60
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100.00

17 AFFADAVIT

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

*[Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delia Garza, this the 24<sup>th</sup> day of February, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering

Susan Harry  
\_\_\_\_\_  
Printed name of officer administering

Notary  
\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Garza, Delia		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,555.07
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,039.99
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 720.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/15 <i>je</i>
<b>2</b> FILER NAME Garza, Delia		<b>3</b> Filer ID
<b>4</b> Date 01/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Firefighters Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code 7537 Cameron Rd.  Austin, TX 78752	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/23/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Travis County EMS Employee PAC <hr/> <b>Contributor address; City; State; Zip Code</b> 5817 Wilcab Rd.  Austin, TX 78721	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Gerardo <hr/> <b>Contributor address; City; State; Zip Code</b> 2405 Pruett Street  Austin, TX 78703	<b>Amount of Contribution (\$)</b>  \$526.63
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo-Littlejohn, Susana <hr/> <b>Contributor address; City; State; Zip Code</b> P.O. Box 161718  Austin, TX 78716	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/23/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Danner, J. Matthew <hr/> <b>Contributor address; City; State; Zip Code</b> 832 Rohan Drive  Richardson, TX 75081	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/12 vs <i>jt</i>
<b>2</b> FILER NAME Garza, Delia		<b>3</b> Filer ID
<b>4</b> Date 01/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeFrates, Ana	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>6</b> Contributor address; City; State; Zip Code 2011 Garden St  Austin, TX 78702		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Paige (The Honorable)	Amount of Contribution (\$)  \$105.58
Contributor address; City; State; Zip Code 2500 Walsh Tarlton Ln  Austin, TX 79746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rob	Amount of Contribution (\$)  \$105.58
Contributor address; City; State; Zip Code 500 Cherryridge St.  San Antonio, TX 78213		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garibay, Montserrat	Amount of Contribution (\$)  \$189.79
Contributor address; City; State; Zip Code 1401 cripple creek  Austin, TX 78758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Stuart	Amount of Contribution (\$)  \$105.58
Contributor address; City; State; Zip Code 6703 Woodhue Dr.  Austin, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/20 15 20
2 FILER NAME Garza, Delia		3 Filer ID
4 Date 01/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Regina	7 Amount of Contribution (\$) \$263.47
6 Contributor address; City; State; Zip Code 2220 Parkway  Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Donna	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 6018 Abilene  Austin, TX 78749		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Rashed	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 11901 Palisades Pkwy  Austin, TX 78732		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sam	Amount of Contribution (\$) \$2,631.89
Contributor address; City; State; Zip Code 1628 Westlake Drive  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loughnane, Andy	Amount of Contribution (\$) \$263.47
Contributor address; City; State; Zip Code 1205 W. 39th 1/2 Street  Austin, TX 78756		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/15 <i>ze</i>
<b>2</b> FILER NAME Garza, Delia		<b>3</b> Filer ID
<b>4</b> Date 01/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Esperanza <hr/> <b>6</b> Contributor address; City; State; Zip Code 5937 Adair Dr  Austin, TX 78754	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/20/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Melendez, Diana <hr/> <b>Contributor address; City; State; Zip Code</b> 1900 Barton springs road  Austin, TX 78704	<b>Amount of Contribution (\$)</b>  \$158.21
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/22/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morin, Guadalupe <hr/> <b>Contributor address; City; State; Zip Code</b> 3306 Gallop Cove  Austin, TX 78745	<b>Amount of Contribution (\$)</b>  \$526.63
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/15/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullins, Jordan <hr/> <b>Contributor address; City; State; Zip Code</b> 2209 Independence Dr.  AUSTIN, TX 78745	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/20/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Griselda <hr/> <b>Contributor address; City; State; Zip Code</b> 1212 E. Braker Lane  Austin, TX 78753	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/15 <i>ze</i>
2 FILER NAME Garza, Delia		3 Filer ID
4 Date 01/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Progressive Justice NOW PAC	7 Amount of Contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code PO Box 301074  Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosas, Justin	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1102 Alegria Rd  Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, James	Amount of Contribution (\$) \$1,052.95
Contributor address; City; State; Zip Code 1801 B Ann Arbor Ave  Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Marcello	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 6406 Back Bay Ln  Austin, TX 78739		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldana, Paul	Amount of Contribution (\$) \$526.63
Contributor address; City; State; Zip Code 1612 Melissa Oaks Lane  Austin, TX 78744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/12 15 <i>gg</i>
<b>2</b> FILER NAME Garza, Delia		<b>3</b> Filer ID
<b>4</b> Date 01/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code 2819 whisper hill st.  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/14/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Jonathan <hr/> <b>Contributor address; City; State; Zip Code</b> 6709 Colina Lane  Austin, TX 78759	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/22/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Laborers District Council SWLDC PAC <hr/> <b>Contributor address; City; State; Zip Code</b> 11720 East 21st St.  Tulsa, OK 74129	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/23/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Dave <hr/> <b>Contributor address; City; State; Zip Code</b> 1710 Waterston Ave.  Austin, TX 78703	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/23/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) VC Holdings QOZ LP <hr/> <b>Contributor address; City; State; Zip Code</b> 3100 McKinnon St.  Dallas, TX 75201	<b>Amount of Contribution (\$)</b>  \$7,500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/24 W JZ
2 FILER NAME Garza, Delia		3 Filer ID
4 Date 01/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Jorge	7 Amount of Contribution (\$) \$263.47
6 Contributor address; City; State; Zip Code 2102 Winsted Lane  Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Nathaniel	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1004 Wisteria Circle  Austin, TX 78753		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Connie	Amount of Contribution (\$) \$210.84
Contributor address; City; State; Zip Code 3107 BRIGHTWOOD DR  AUSTIN, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Laura	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 5400 North Lamar Blvd.  Austin, TX 78751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/15/20
2 FILER NAME Garza, Delia		3 Filer ID
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 01/10/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Jana <hr style="border-top: 1px dotted black;"/> 7 Contributor address; City; State; Zip Code 818 W. 10th St.  Austin, TX 78701	8 Amount of contribution (\$) \$400.00 9 In-kind contribution description food and beverages for meet and greet event  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 12/14	<b>2</b> FILER NAME Garza, Delia	<b>3</b> Filer ID
<b>4</b> Date 01/14/2020	<b>5</b> Payee name Bumper Active	
<b>6</b> Amount (\$) \$417.85	<b>7</b> Payee address; City; State; Zip Code 5907 Burnet Rd.  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 01/13/2020	Payee name Chad Adams Photography	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1411 Tuffit Lane  Austin, TX 78753	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 01/02/2020	Payee name Checkmark Typesetting	
Amount (\$) \$5,426.92	Payee address; City; State; Zip Code 3217 North IH 35  Austin, TX 78722	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 13/14	2 FILER NAME Garza, Delia	3 Filer ID
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4 Date 01/23/2020	5 Payee name DonateWay
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6 Amount (\$) \$468.17	7 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/13/2020	Payee name Goss, Delwin
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Amount (\$) \$3,825.00	Payee address; City; State; Zip Code 6410 Ponca Street  Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign distribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2020	Payee name Susan Harry Consulting
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 14/14	2 FILER NAME Garza, Delia	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 01/20/2020	6 Payee name Goss, Delwin
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7 Amount (\$) \$720.00	8 Payee address; City; State; Zip Code 6410 Ponca Street  Austin, TX 78741
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign distribution
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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