

# 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 (Ethics Commission Filers)	2 Total pages filed:  <div style="text-align: center; font-size: 2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Elizabeth <hr/> NICKNAME                      LAST                      SUFFIX Liz                      Garza	<b>OFFICE USE ONLY</b>  Date Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  4:44pm FEB 01 2016  Date Hand Delivered or Date Postmarked RECEIVED BY: <i>[Signature]</i> Receipt #                      Amount \$  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1134 E Madison St Ste A Brownsville TX 78520		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (956) 639 5993		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Ms                      Anisa                      H. <hr/> NICKNAME                      LAST                      SUFFIX Gonzalez		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 2896 Parkview Ln Brownsville TX 78526		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (956) 867-1883		
9 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)		
10 PERIOD COVERED	Month    Day    Year                      Month    Day    Year 01 / 01 / 2016                      THROUGH                      01 / 21 / 2016		
11 ELECTION	ELECTION DATE Month    Day    Year 03 / 01 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  County Judge	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Elizabeth "Liz" Garza 15 Filer ID (Ethics Commission Filers)

16 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.


<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

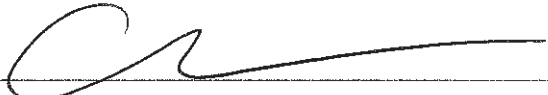
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 43.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 1193.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

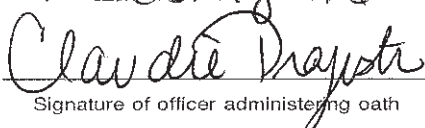


**CLAUDIA YVETTE DRAGUSTINOVIS**  
Notary Public, State of Texas  
My Commission Expires  
December 01, 2019

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Garza, this the 1<sup>st</sup> day of February, 2016, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Claudia Dragustino  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Elizabeth Liz Garza

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1993.62
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Elizabeth Barza</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	--	---------------------------------------

4 Date <i>1-13-16</i>	5 Payee name <i>San Benito News</i>
--------------------------	--

6 Amount (\$) <i>\$550.00</i>	7 Payee address; City; State; Zip Code <i>356 N. Sam Houston Blvd San Benito TX 78586</i>
----------------------------------	--

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rack Cards - Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elizabeth Liz Barza</i>	Office sought <i>County Judge</i>	Office held <i>none</i>
---	---	--------------------------------------	----------------------------

Date <i>1-8-16</i>	Payee name <i>Bertha Guerra</i>
-----------------------	------------------------------------

Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>4893 Camino Verde Dr. Brownsville TX 78520</i>
------------------------------	---

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elizabeth Liz Barza</i>	Office sought <i>County Judge</i>	Office held <i>none</i>
---	---	--------------------------------------	----------------------------

Date <i>1-15-16</i>	Payee name <i>Bertha Guerra</i>
------------------------	------------------------------------

Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>4893 Camino Verde Dr. Brownsville TX 78520</i>
------------------------------	---

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elizabeth Liz Barza</i>	Office sought <i>County Judge</i>	Office held <i>none</i>
---	---	--------------------------------------	----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED