

**Mrs. Elizabeth
Liz Garza**

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="font-size: 2em; text-align: center;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. ELIZABETH <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX LIZ GARZA	OFFICE USE ONLY Date Received <div style="text-align: center; font-weight: bold;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FEB 22 2016</div> <div style="text-align: right; font-size: 0.8em;">4:57 p.m.</div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">RECEIVED</div> BY: Date Hand-delivered or Date Postmarked:	
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 style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX GONZALEZ	Receipt #	Amount \$
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 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 checked="" 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 / 22 / 16 THROUGH 02 / 20 / 16		
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) <div style="text-align: center; font-weight: bold;">COUNTY JUDGE</div>	

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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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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 \$ 30.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3105.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 129.55

4. TOTAL POLITICAL EXPENDITURES \$ 4540.78

CONTRIBUTION
BALANCE

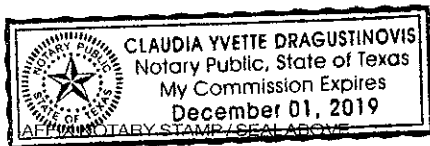
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ELIZABETH "LIZ" GARZA, this the 22 day of FEBRUARY, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Claudia Dragustinovis
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 <i>Elizabeth Liz Garza</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3105.00
2.	<input checked="" 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3105.00
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	\$ 1435.78
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME ELIZBETH "LIZ" GARZA

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/16

5 Full name of contributor out-of-state PAC (ID#: _____)
MICHAEL HERNADEZ

7 Amount of contribution (\$)
\$2,500.00

6 Contributor address; City; State; Zip Code
5205 MONTCLAIN DR. COLLEYVILLE, TX 76034

8 Principal occupation / Job title (See Instructions)
BUSINESS OWNER

9 Employer (See Instructions)
SELF EMPLOYED

Date
1/28/16

Full name of contributor out-of-state PAC (ID#: _____)
DR. MICHELLE GARZA

Amount of contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
2702 SAN EDUARDO ST. MISSION, TX 78572

Principal occupation / Job title (See Instructions)
OPTOMETRIST

Employer (See Instructions)
DR. MANRIQUE

Date
1/28/16

Full name of contributor out-of-state PAC (ID#: _____)
MARIBEL ROLDAN

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
302 KINGS HWY #107 BROWNSVILLE TX 78521

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF EMPLOYED

Date
1/23/16

Full name of contributor out-of-state PAC (ID#: _____)
NOE GARZA

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
17449 EMERALD ISLE DR., HOUSTON TX 77095

Principal occupation / Job title (See Instructions)
BOB CONTROLS

Employer (See Instructions)
OCEANEERING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **ELIZBETH "LIZ" GARZA** 3 Filer ID (Ethics Commission Filers)

4 Date 2/18/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY CERVANTES	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code BROWNSVILLE TX 78520		

8 Principal occupation / Job title (See Instructions) BUSINESS OWNER	9 Employer (See Instructions) SELF EMPLOYED
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME ELIZABETH "LIZ" GARZA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 750.00	
5 Date 2/5/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISRAEL RODRIGUEZ	8 Amount of Contribution \$ \$750.00	9 In-kind contribution description MEET & GREET
7 Contributor address; City; State; Zip Code 6621 COACH CIRCLE, BROWNSVILLE, TX 78526		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED	
12 Contributor's principal occupation (FOR JUDICIAL) BUSINESS OWNER		13 Contributor's job title (FOR JUDICIAL) (See Instructions) SELF EMPLOYED	
14 Contributor's employer/law firm (FOR JUDICIAL) BIG BOYS COMPANY, INC		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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME ELIZABETH "LIZ" GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 2/11/16	5 Payee name GRAFIK SPOT	
6 Amount (\$) 2813.25	7 Payee address; City; State; Zip Code 74 S. PRICE RD. BROWNSVILLE TX 78521 STE. 2	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING ADVERTISEMENT	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: ELIZABETH "LIZ" GARZA Office sought: COUNTY JUDGE Office held:	
Date 2/17/16	Payee name San Benito News	
Amount (\$) 292.00	Payee address; City; State; Zip Code 356 N. Sam Houston Blvd San Benito TX 78584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad -	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Elizabeth Liz Garza Office sought: County Judge Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	2 FILER NAME Elizabeth Liz Garza	3 Filer ID (Ethics Commission Filers)
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4 Date 2-17-16	5 Payee name Sun Benito News-
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6 Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 356 N Sam Houston Blvd San Benito TX 78596
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8 PURPOSE OF EXPENDITURE Ad	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Elizabeth Garza	Office sought County Judge	Office held
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Date 2/20/16	Payee name Dirty Ads
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Amount (\$) 199.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4495 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE Food	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Elizabeth Liz Garza	Office sought County Judge	Office held
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Date 1/22/16	Payee name Gratik Spot
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Amount (\$) 113.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 74 S Price Rd Ste 2 Brownsville TX 78521
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PURPOSE OF EXPENDITURE Promo	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Elizabeth Liz Garza	Office sought County Judge	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>2</u>		2 FILER NAME <u>Elizabeth Liz Garza</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/22/14</u>		5 Payee name <u>Graphic Spot</u>			
6 Amount (\$) <u>742.00</u> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>745 Price Rd Brownsville TX 78521</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Print</u>		(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 <u>Elizabeth Liz Garza</u>		Office sought <u>Cand. Judge</u>	
Date <u>2/19/14</u>		Payee name <u>Chic</u>			
Amount (\$) <u>128.61</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>740 Paredos Lane Rd Brownsville TX</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Adverts</u>		(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 <u>Elizabeth Liz Garza</u>		Office sought <u>Cand. Judge</u>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

