CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Rafael	SUFFIX	Date Received JAN 1 4 2020
	Ricky De La Garza	ı III	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	,	ctoria, TX 77901	
Change of Address			121
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(361) 935-4400		01/14/2020 12:01pm a-f Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Lisa	MI	
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Kristynik		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 307 Kingwood Forest Dr.		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 676-8206	EXTENSION	
9 REPORT TYPE	July 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 16 / 2019	THROUGH 01	Day Year 15 / 2020
11 ELECTION	Month Day Year Primary 08 27 2016 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Victoria City Council District 1	13 OFFICE SOUGHT (if know	n)
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ra	fael De La Ga	rza III	15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDID	DITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN THEACONET IN MILE		
_		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PO	DLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	HAN S O	
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS		DLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0	
	4. TOTAL F	OLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 465.92	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	\$ 0	
18 AFFIDAVIT	1			
Notary	ELINA LONGORIA Public, State of Texas	true and correct and includes all ir under Title 15, Election Code.	perjury, that the accompanying report is information required to be reported by me	
Comm	Expires 04-25-2023	(1, 1, 0, 7)	12 #	
Manning Not	Notary ID 131988241 Signature of Candidate of Officeholder			
			muidate por Oniceriolder	
AFFIX NOTARY STAN	MP/SEALABOVE	0.0.0	الدارات	
Sworn to and subscribed before me, by the said <u>Latal</u> De la Gara, this the <u>14</u> th				
day of January	, 20 <u>20</u> , t	o certify which, witness my hand and seal of office	э.	
Signalure of officer	Mayue administering oath	Ongelina Congrid Printed name of officer administering oath	Notary Hubic Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Rafael De La Garza III 20 Filer ID (Ethics Co	mmission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O		
4.	SCHEDULE E: LOANS	\$ O		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: 1
2	FILER NAME	Rafael De La Garza III		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City; State;	Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code	
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES OF		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2: 1
² FILER NAME Rafael De La Garza III	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$ 0
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$, description
7 Contributor address; City; State; Zip Cod	de
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)	
Date Full name of contributor	Amount of . In-kind contribution Contribution \$. description
Contributor address; City; State; Zip Co	code 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

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Rafael De La Garza III \$ 0 4 TOTAL OF UNITEMIZED PLEDGES . 9 In-kind contribution 8 Amount 5 Date 6 Full name of pledgor out-of-state PAC (ID#:__ of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor ___ out-of-state PAC (ID#:___ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Date Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Rafael De La Garza III \$ 0 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) Name of lender out-of-state PAC (ID#:___ Date of loan 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR** INFORMATION State; Zip Code City; Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Rafael De La Garza III 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 Gitt/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:	1 Total pages Schedule F2: 2 FILER NAME Rafael De La Garza III		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		n rravel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct			
Date	Payee name			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:		
2 FILER NAME	Rafael De La Garza III	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit			
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; Cit	y; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 extension on this tent above)

Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Other (enter a category not listed above)
Total pages Schedule F4:	² FILER NAME Rafael De La Garza III	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ O
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	•
PURPOSE OF EXPENDITURE		otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
1 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE		otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held

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

Event Expense Fees Food/Beverage Expense Gitt/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

Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services Salarie The Instruction Guide explains how t		er (enter a category not listed above)
1 Total pages Schedule G:	² FILER NAME Rafael De La Garza	11 3 F	iler ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	
6 Amount (\$) O Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa	
9 Complete <u>ONLY</u> if direct expenditure to benefit Complete to benefit Complete to be a		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa	·
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa Check if Austin, TX, office	
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/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

Candidate/Officeholder/Politie Credit Card Payment		ervices Instruction Guide expl	ains how to complete this		a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	Rafael De La	Garza III	3 Filer ID	(Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address	cs; City; State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Cat	egories listed at the top of th		on travel outside of Texas. Complet if Austin, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office soug	ht	Office held
Date	Business name				
Amount (\$)	Business addres	es; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Cat	egories listed at the top of th	Check if	on travel outside of Texas. Complet if Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office soug	ht	Office held
Date	Business name				
Amount (\$)	Business addres	ss; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Cal	egories listed at the top of th	Check if	travel outside of Texas. Complet	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office soug	ht	Office held
	ATTACH A	DDITIONAL COPIE	S OF THIS SCHEDULE	E AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	² FILER NAME Rafael De La Garza III	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2	FILER NAME	Rafael De La Garza III	3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; State;	Zip Code	
		7 Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; State;	Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; State;	Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; State:	, ; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: 1	
² FILER NAME Rafael De La Garza III					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation of	or Labor O	rganization / Pledgor /	Payee		
5 Contribution / Expend	liture reported	on.				
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
			Schedule G	Schedule H	Schedule COH-UC Schedule B-	
Schedule F2	Sche	dule F4	Schedule G		Generalie Control Generalie D	
6 Dates of travel 7 Name of person(s) traveling						
	8 Departur	re city or name of departure location				
	9 Destinati	9 Destination city or name of destination location				
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	diture reported	on:				
		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B	
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location					
Destination city or name of destination location				cation		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	/ Corporation	or Labor (Organization / Pledgor /	Payee		
Contribution / Expend	diture reported	on:				
Schedule A2 Sche		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2			Schedule G	Schedule H	Schedule COH-UC Schedule B	
Dates of travel	Name o	Name of person(s) traveling				
	Departu	Departure city or name of departure location				
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
		<u> </u>				
	A	TTACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	