CANDIDATE / OFFICEHOLDERFORM C/OHCAMPAIGN FINANCE REPORTCOVER SHEET PG 1				
The C/OH Instruction G	uide explains how to complete this form.	ers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MR FIRST MI	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JAN 1 3 2020		
Change of Address	1300 Faltysek Victoria TX 7790	s Mau		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (36() 652-7057	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRSIMR FIRST MI	Receipt # Amount \$		
NAME	NICKNAME LAST SUFFIX	Date Processed		
	Gurcia	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)	1300 En Hysele Victoria TK 77905			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (36() 652-7933			
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 li	15th day after campaign treasurer appointment (Officeholder Only) mit Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Workin Buy roun	onth Day Year		
11 ELECTION	ELECTION DATE ELECTION Month Day Year Primary Runoff Other General Special			
12 OFFICE	OFFICE HELD (if any) County Commissione	known)		
	GO TO PAGE 2			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 expla	ins how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME DAWNY GUNCIA		3 Filer ID (Ethics Commission Filers)		
4 Date - Jun 31 - 2011	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
90.00			~ TX 77901		
8	(a) Category (See Categories listed at the top of th	is schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising	Þð			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Dunny Gr	Office sought	Office held		
Date	Payee name				
Davg-1-2019	St. Joseph Boos	ter club			
Amount (\$)	Payee address;	City;	State; Zip Code		
400,02	E. Red River	Victor	an IX 77901		
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this	s schedule) Description			
PURPOSE OF EXPENDITURE	Advertising	progra	program Ad		
	Check if travel outside of Texas. Complete	e Schedule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
	expenditure to benefit C/OH During burcher Co-Commissioner		Co-Commissioner		
Date	Payee name				
Sept 11-2019	(WV				
Amount (\$)	Payee address;	City;	State; Zip Code		
100.00	S. Main. St.	Victor	un TX 77901		
	Category (See Categories listed at the top of thi	is schedule) Description			
PURPOSE OF EXPENDITURE	Advertising	Golf tou	mabreet		
	Check if travel outside of Texas. Complete	e Schedule T. Check if Aus	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	FYPENDITUPECATEC			
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking		_oan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District	
Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	- -		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Danny Gan	CIÚ		
4 Date	5 Payee name	<u> </u>		
Sept 16 2014	5 Payee name Bloomigbon HyhSchool Boostons			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
250.00	FM. 616 Bloomighon TX 77951			
8	(a) Category (See Categories listed at the top of this sch		······································	
PURPOSE OF	Alactica	Z		
EXPENDITURE	Advertising	Baumer		
	(c) Check if travel outside of Texas, Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Danny Garan	/	o. Commissioner	
	· · · · · · · · · · · · · · · · · · ·			
Date	Payee name			
Oct-11-2019	Dudkey Elemting			
Amount (\$)	Payee address;	City;	State; Zip Code	
100.00	Calles St.	Victori	n TX. 77951	
/	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE				
OF	Advertising	Raffle	-	
EXPENDITURE	Have is g	1007714		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held			
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
		hedule) Description	· · · · · · · · · · · · · · · · · · ·	
	Category (See Categories listed at the top of this scl	neuura) Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Sci	hedule T Check if Au	stin, TX, officeholder living expense	
			Office held	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office field	
expenditure to benefit C/C	н			
	ATTACH ADDITIONAL COPIES		EEDED	
	ATTACH ADDITIONAL COPIES		Pevised 9/26/20	
the second se			Deviced 0/26/20	

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Revised 9/26/2019

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dunny Garage 20 Filer ID (Ethics Commission Fi		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 62-	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6	
4. SCHEDULE E: LOANS	\$ 9600	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 940	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 02	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 🔿	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6-	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME	Danny (Surcin	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 SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOT OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	IAN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 6
	4. TOTAL POLITICAL EXPENDITURES		\$ 940.00
CONTRIBUTION BALANCE	5. TOTAL I OF REF	DAY \$ 2782.74	
OUTSTANDING LOAN TOTALS	6. TOTAL I LAST D	THE \$ 9600	
18 AFFIDAVIT			/
			perjury, that the accompanying report is formation required to be reported by me
(* Nota My	MARGETTA S. HILL ary Public State of To Comm. Exp. 3/22/2	Dexas	
N	lotary ID 12524028-	3 Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM		by the said Danny Garcia	, this the13 H
Sworn to and subsc		to certify which, witness my hand and seal of office	
day of Margit	ta Hil	Margetta Hill	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	Revised 9/26/2015

Forms provided by Texas Ethics Commission