# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Danie! Danny Garaa	M J.R	OFFICE USE ONLY  Date Received	
	NICKNAME LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	H/30/12  Date Hand-delivered or Postmarked	
ADDRESS  change of address	1300 Faltysek Victor	1a, TX 77905	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 574-7165	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST Frances	MI C	Date Imaged	
NAME	NICKNAME LAST GARAW	SUFFIX		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
ADDRESS (residence or business)	1300 faltysek V	uctoria TX, -	77905	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 574-7165	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year	
11 ELECTION	ELECTION DATE Month Dey Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		County Co.	mmissioner	
GO TO PAGE 2				

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·				
14 C/OH NAME			15 ACCOUNT # (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  GENERAL  SPECIFIC	COMMITTEE NAME  NERAL  COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 19000		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7708,60		
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$ 468.09			
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$ 7516.52				
BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 6,000				
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.  **Notary Public, State of Texas My Commission Expires August 10, 2014  Signature of Candidate or Officeholder					
Sworn to and subsc	cribed before m	e, by the said DANNY GARCIA	, this the hand and seal of office.		
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

<b>J</b>	-			
			1 Total pages Sche	dule A: 4005
The I	instruction Guide explains how to complete this	form.	(4)	1 of 1 1 1 1 1
			3 ACCOUNT # (Et	hics Commission Filers)
2 FILER NAME	1 Guerra T.			
<u> </u>	niel Garcia Tr		7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
2 lactes	Phillip Garcia		10000	
2/03/12	Phillip Garaa  6 Contributor address; City; State; Zip Code		,	
	2. 1 +	-/	i :	
	Bloomington TX	17951	(If travel outside o	of Texas, complete Schedule T)
	(Ocalinatedians)	10 Employer (See I		
9 Principal occup	ation / Job title (See Instructions)	10 Employer (	•	
	Full name of contributor  ut-of-state PAC (ID#:_	_)	Amount of	In-kind contribution
Date	, dir ridino et certaine		contribution (\$)	description (if applicable)
Oladis	Lupe & Mary Ann Rivera		10000	
2/11/12	Contributor address; City; State; Zip Code			
				! [
	Placedoth	77997	(if travel outside o	l of Texas, complete Schedule T)
Salaria di consu	pation / Job title (See Instructions)	Employer (See		
Principal occup	Satisfi / oob das (eee mense,			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	David & Kathy Escalon	te	10000	description (in approximation)
2/01/12	Contributor address; City; State; Zip Code		100	
010 110	Contributor additional			
	Bloomington, TX	1 32001		
	15(00m1/19(07), CA		<u> </u>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
			Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	description (if applicable)
, ,1	Dr. & mrs. Ivene Ramo	S	30000	1
2/05/17	Contributor address; City; State; Zip Code	•		
	Kelian Cart			
	San Antonio, TX	,	/If travel outside	of Texas, complete Schedule T)
		Employer (See		Of Toxas, complete concease .,
Principal occu	pation / Job title (See Instructions)			
	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
2/12/12	Jo Ann Nichols	<u>.</u>	1000	
2/12/12	Contributor address; City; State; Zip Code	•		İ
	Katy, TX			1
	rary, ix			of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:		
2 FILER NAME	Daniel Guran Jr.	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of 8 In-kind contribution		
2/05/12	RICAIDO & ANDVECUM MURTINEZ 6 Contributor address: City: State: Zip Code	contribution (\$)   description (if applicable)		
•	Bloomington, TX 77951	(If travel outside of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)  10 Employer (See	Instructions)		
Date	Full name of contributor   out-of-state PAC (ID#)  NICK & Amelia Hinojoxa	Amount of contribution (\$) description (if applicable)		
	Contributor address: City: State: Zip Code  Wood lawm Victoria, TX 77901	(If travel outside of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)		
Date ⊃   (3   1 >	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)		
· ,	Placedo, TX. 77977	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date 2/05/17	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) description (if applicable)		
	Bloomington Tx, 77951	(If travel outside of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)  Employer (See			
Date 2/05/17	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$) description (if applicable)		
Principal occup	Bloomingfon, TX, 77951  ation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

### Principal occupation / Job title (See Instructions)    Principal occupation / Job title (See Instructions)    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Inst	The i	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
Date   Full name of contributor   out-of-state PAC(DE   Contributor (S)   description (if applicable   Principal occupation / Job title (See Instructions)   10	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  San Amtonio Tx  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Chirsty thary Parencia  Contributor address; City; State; Zip Code  Placedo TX 77477  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC(De  Ontributor address; City; State; Zip Code  Placedo TX 77477  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC(De  Ontributor address; City; State; Zip Code  Round Rodc TK  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable SD Contribution (S) In-kind contribution description (if applicable SD Contribution (S) In-kind contr	2/04/12	michael Gonzales  6 Contributor address; City; State; Zip Code		contribution (\$)	8 In-kind contribution description (if applicable)
Date   Full name of contributor   out-of-state PAC (IDR   Ontribution (S)   In-kind contribution (Fapplicable   Ontributor address; City: State; Zip Code   Contributor   Out-of-state PAC (IDR   Ontribution (S)   Ontributor (Fapplicable of Texas, complete Schedule T)   Ontributor address; City: State; Zip Code   Contributor   Out-of-state PAC (IDR   Ontributor (S)   Ontributor (Fapplicable of Texas, complete Schedule T)   Ontributor (S)   Ontributor address; City: State; Zip Code   Ontributor (S)		916 Belvue Victoria,			of Texas, complete Schedule T)
Date   Full name of contributor   Date   San Amount of   Contributor address; City; State; Zip Code	Principal occup	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Chrsty t Gary Parencia Contribution address; City; State; Zip Code  Placedo TX 7747  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Arnold t Erin Gonzales  Contributor address; City; State; Zip Code  Pound Rode TK  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable Schedule T)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (IDE:  Contributor address; City; State; Zip Code  Arount of contribution (3)  In-kind contribution description (if applicable Contribution (3)  In-kind contribution (4)  In-kind contribution (5)  Contribution (6)  Arount of contribution (6)  Arount of contribution (7)  Contributor address; City; State; Zip Code  Arount of contribution (7)  Arount of contribution (7)  Contributor address; City; State; Zip Code  Arount of contribution (6)  In-kind contribution (7)  In-kind contribution (7)  In-kind contribution (7)  In-kind contribution (8)  In-kind contribution (9)  In-kind contribu		April & David Macias Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)    Date		San Antonio, TX.		(If travel outside	of Texas, complete Schedule T)
Date    Pull name of contributor address; City: State; Zip Code   Pull name of contributor address; City: State; Zip Code   Pull name of contributor   Out-of-state PAC(IDF: Contributor address; City: State; Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See		, 10.44, 501, 501
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution occupation / Job title (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution occupation (\$) In-kind contribution (\$) In-kind contribution (\$) In-kind contribution occupation (\$) In-kind contribution occupation (\$) In-kind contribution (\$) In-kind contribution (\$) In-kind contribution (\$) In-kind contribution occupation (\$) In-kind contribution (\$) In-kind c	Date 2  19 3013	Christy to Gary Pavencia Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
Date Full name of contributor   out-of-state PAC (ID#:   State   P		Placedo, IX 7			of Texas, complete Schedule T)
Date    Full name of contributor   out-of-state PAC (IDM:   SO   October   Date   Full name of contributor   out-of-state PAC (IDM:   October   Date   Full name of contributor   out-of-state PAC (IDM:   October   Date   So   October   O	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule Texas, comp	Date 3   13   3012	Arnold & Evin Gonzales		contribution (\$)	In-kind contribution description (if applicable)
Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule Texas, complet		Round Rode TK			of Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC(ID#: contribution (\$) description (if applicable of Texas, complete Schedule T	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
		Full name of contributor out-of-state PAC (ID#;  Scott # Muvgret Starle) Contributor address; City; State; Zip Code	ohnun	contribution (\$)	In-kind contribution description (if applicable)
		Austin, Tx.			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(TDD 1-800-735-2989)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 40F4	
2 FILER NAME	Daniel Garcia Ir		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
اعادا	Campaign Fundraiser  6 Contributor address; City; State; Zip Code			-
6106/21/20	6 Contributor address; City; State; Zip Code		6143.60	Fundraiser total-expenses
			(If travel outside o	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	and the second s
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
di	Alexander Avredondo Contributor address; City; State; Zip Code		CONTRIBUTION (#)	
4/18/13		_	7500	
	POBOX 1442 PlaceloTi	X 77977	(If travel outside r	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	L	
			A 200	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	 pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If traval outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	1	o. joxao, complete concedire 1)
				T
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If traval autoida	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		S. Israel complete contended ty

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**

### SCHEDULE F 105

(512) 463-5800

	EXPENDITURE CATEGO	RIES FOR BOX 8(s		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out		Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Corr OTHER (enter a category not listed abo	nmittee
Fees	Printing Expense Office Over The Instruction Guide explains h	•		· · · /
		on to complete time :	3 ACCOUNT # (Ethics Commission	n Filers)
1 Total pages Schedule F:	2 FILER NAME		7,0000,77,2,00000	,
4 0-4-	Daniel Garaw Jr 5 Pavee name			
1/72/2012	-			
1/23/2012	7 Payee address; City; State; Zip Co	nde .		
6 Amount (\$)	• • • • • • • • • • • • • • • • • • • •			
580,23	3602 Houston Hung Ste.	Dr Victoria,	X. 77901	
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	e) <b>(b)</b> Descriptio	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing (Shirts)		<del></del>	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held	
Date	Payee name			
1/24/2017				
Amount (\$)	Builda Sign Payee address; City; State; Zip Co			
159.70	11525B Stane Hollow sur-	te 220 Aus	tin, Tx. 78758	
PURPOSE	Category (See categories listed at the top of this schedul	le) Descriptio	n (if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Advertising expens.			
	Candidate / Officeholder name	Office sou	aht Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C				
Date / /	Payee name	1 1 1		
1/26/2012	Sam's (lub Hospital Payee address; City; State; Zip Co	lity mints		
Amount (\$)	Payee address; City; State; Zip Co	ode /		
337.83	RO. Box 3140 Boone A	VC 28607		
PURPOSE	Category (See categories listed at the top of this schedu	le) Description	n (If travel outside of Texas, complete Schedule T)	)
OF EXPENDITURE	Advertising			
	Candidate / Officeholder name	Office sou	ght Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	<del></del>			
D-4-	Payee name			
2/0/2012	Payee name			
2/8/2012 Amount (\$)	Logo Me (Com Payee address; City; State; Zip C	ode		
Amount (\$)	1			
247.30	7950 NW 535 St. 51			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	ile) Description	on (If travel outside of Texas, complete Schedule T	,
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held	
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDULE A	S NEEDED	

LOANS			SCHEDULE E
Th	e instruction Guide explains how to con	nplete this form.	1 Total pages Schedule E:
	Daniel Garcia Tr		3 ACCOUNT # (Ethics Commission Filers
тот,	AL OF UNITEMIZED LOANS:	4 4 4 4	⇒ \$
5 Date of loan	7 Name of lender Daniel & Frances	U out-of-state PAC (ID#:	) 9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y (T)		Victoria TX, 77905	11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Daniel & France	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?		Zip Code	Interest rate
Y N		Victoria TX, 779	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral	Check if personal funds were do	sposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
If lende	ATTACH ADDITIONAL COPIE or is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED!	ED ting requirements.

## POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Food/Reverage Expense	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	· · · · · · · · · · · · · · · · · · ·
	= -	e explains how to complete this	form.
Total pages Schedule F:	2 FILER NAME	T	3 ACCOUNT # (Ethics Commission Filers)
	Daniel Garcia	15	
Date j	5 Payee name		, , , , , , , , , , , , , , , , , , , ,
2/20/2018	Victoria Live st	tock Show (Gitt	show breed)
Amount (\$)	7 Payee address; City; S	tate; Zip Code	
10000	Victoria	a Tx, 77901	
PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Descrip	tion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event expen.	se (Advetovsonat)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office so	ought Office held
Date / - // a >	Payee name	Cee's (Booth State; Zip Code	Con stock Strust
1/24/2012	Victoria Jav.	ces (booth	Cor simple
Amount (\$)	Payee address; City; S	State; Zip Code	
3-1-M	,	_	
37500	Victor	1a, 1x. 77901	
PURPOSE	Category (See categories listed at the to	top of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	e/Mindising)	
	Candidate / Officeholder name	e / Office so	ought Office held
Complete ONLY if direct expenditure to benefit C/O			
Date	Payee name	<u> </u>	
2/10/2012	majic 95.9	Kadio	
Amount (\$)	Payee address; City; S	State; Zip Code	
10000	VI CON A Category (See categories listed at the t	T.	
PURPOSE	Category (See categories listed at the	top of this schedule) Descrip	otion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising ex	/ L. \	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	/ /	ought Office held
Date	Payee name		
2/24/2012	SKIP MOZISE	<u>k</u>	
Amount (\$)		State; Zip Code	
35000	Victoral	X. 77901	
PURPOSE	Category (See categories listed at the	top of this schedule) Descri	otion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expe	ense (media)	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder nam	0//	ought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Event Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: Daniel Garda Jr Danny Garcia Campaign for fund vaiser ayee address; City, State; Zip Code 1300 Falfysek Victoria, TX-77401 (a) Category (See categories listed at the top of this schedule) Event Expense (fotal expenses for fundvarser as who he Candidate / Office holder name Office sought Office held 2238.40 OF EXPENDITURE **9** Complete <u>ONLY</u> if direct expenditure to benefit C/OH Sudden link media 2903 B N. Azalen St. Victoria, TX, 77901 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Advertising Candidate / Office holder name Office sought Office held EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH VS Postal Service Pavee address; City; State: Zip Code Description (If travel outside of Texas, complete Schedule T) EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Victoria TX Description (If travel outside of Texas, complete Schedule T) OF Printing expense **EXPENDITURE** Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH