(512) 463-5800 (TDD 1-8

	E / OFFICEHOLDER		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 Danny Daniel NICKNAME LAST GARCIA	MI /R SUFFIX	OFFICE USE ONLY Date Received RECEIVED JUL 13 2012
 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address CANDIDATE/ OFFICEHOLDER PHONE 	ADDRESS / PO BOX; APT/SUITE #; CITY; 1300 Jultysek Uct AREA CODE PHONE NUMBER (361) 574-7165	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount Date Processed Image: Contract of the processed
6 CAMPAIGN TREASURER NAME	MSTMRSYMR FIRST Frances NICKNAME LAST Garcia	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 1300 faltyset	city; state; hAana TX	ZIP CODE 77905
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (326) 574 - 7165	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 limit	 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 07/13	Year 2012
11 ELECTION	Month ELECTION DATE ELECTION TYPE	Runof	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know County	lommissioner
	GO TO PA	GE 2	2010) Crow 1 1 1

www.ethics.state.tx.us

Revised 09/28/2011

SUPPORT		CEHOLDER REPORT: .S	Cov	FORM C/OH ER SHEET PG 2
14 C/OH NAME		16	ACCOUN	T # (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 NAME		
S785 6 7 1954				
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	1.00	
additional pages				
6		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	TAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN EDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
-		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1060,50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ED \$	406.83
	4. TOTAL	POLITICAL EXPENDITURES	\$	1208.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			1245.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			6000
BALANCE OUTSTANDING LOAN TOTALS	OF REPO 6. TOTAL P LAST DA Josephine Sal Notary Public, State My Commission August 10, 21 / SEAL ABOVE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD I swear, or affirm, under penalty of period is true and correct and includes all inf me under Title 15, Election Code. Expires 014 Signature of Candida	r \$ erjury, that the formation residence of the	1245.50 6,00.0 the accompanying reported by equired to be reported by
1346	of <u>MLY</u>	ne, by the said <u>DANNY GARCIA</u> , 20 <u>12</u> , to certify which, witness my	hand an	, this the d seal of office.
Charles	in Aller	Josephine Salas	(m	.1

Revised 09/28/2011

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

 2 FILER NAME Danny Garcia 4 Date 5 Full name of contributor out-of-state PAC (ID#) Richard Flores 6 Contributor address; City; State; Zip Code 4 Linda Dr., Victoria (M. M. M	3 ACCOUNT # (Ethics Commission Filers) 7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) 400 1 (If travel outside of Texas, complete Schedule T) nstructions) Amount of contribution (\$) In-kind contribution description (if applicable)				
6/28 Richard Flores 6 Contributor address; City; State; Zip Code Linda Pr. Victoria TX 77901	contribution (\$) description (if applicable) 400 (If travel outside of Texas, complete Schedule T) Instructions) nstructions				
Linda Dr. Victoria TX 77901	(If travel outside of Texas, complete Schedule T) Instructions) Amount of In-kind contribution				
	Amount of In-kind contribution				
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	Amount of In-kind contribution				
Date Full name of contributor out-of-state PAC (ID#)					
6/27 Contributor address; City; State; Zip Code 2006 Frenche De Paz	2000				
Edenburg TX 18539	I (If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)				
Date Full name of contributor out-of-state PAC (ID#) Emment Alverez (Reusta)	Amount of In-kind contribution contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code	172.50				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code	288 06 referd for adverstisis				
Azelen St. Victoria TX7201					
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)				
Date Full name of contributor I out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements. www.ethics.state.tx.us					

(512) 463-5800

(TDD 1-800-735-2989)

The Instruction Guide explains how to complete this form. 2 FILER NAME			1 Total pages Schedule B: 3 ACCOUNT # (Ethics Commission Filers)		
Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of		
	 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code 		pledge (\$)	9 In-kind description (if applicable)	
0 Principal of	ccupation / Job title (See Instructions)	11 Employer (See In	and the second	of Texas, complete Schedule 1	
		T Linpioyer (See in	isti uctions)		
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code				
	And the state of the second		(If travel outside	of Texas, complete Schedule 1	
Principal or	ccupation / Job title (See Instructions)	Employer (See Ir		or rexas, complete Schedule i	
	· to v Ab 1				
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code				
			(If travel outside	 of Texas, complete Schedule T	
Principal oc	cupation / Job title (See Instructions)	Employer (See In			
			Amount of	In-kind description	
Date	Full name of pledgor Out-of-state PAC (ID#				
Date	Full name of pledgor out-of-state PAC (ID#:) 	pledge (\$)	(if applicable)	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code	·····			
	Pledgor address; City; State; Zip Code) 	pledge (\$)	(if applicable)	
		Employer (See Ir	pledge(\$) (If travel outside o		
	Pledgor address; City; State; Zip Code	Employer (See Ir	pledge(\$) (If travel outside o	(if applicable)	
Principal oc	Pledgor address; City; State; Zip Code cupation / Job title (See Instructions)) Employer (See Ir)	pledge (\$) (If travel outside of structions)	(if applicable) of Texas, complete Schedule T In-kind description	
Principal oc	Pledgor address; City; State; Zip Code cupation / Job title (See Instructions) Full name of pledgor out-of-state PAC (ID#:	Employer (See Ir	pledge (\$) (If travel outside of structions) Amount of pledge (\$)	(if applicable) of Texas, complete Schedule T In-kind description	

www.ethics.state.tx.us

Austin, Texas 78711-2070

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Travel Out Of D Office Overhead The Instruction Guide explains how t	Contract Labor Loa raising Expense Tra t Co istrict /Rental Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Danny Garcia		
Date (2)2012	5 Payee name (T-Shints)		
Amount (\$)	7 Payee address; City; State; Zip Code	F	
129.90	Sum Hoston St. Va	foratx	77905
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Gines here
Date 111-	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
10000	46 Sth St. Bloom	nofon to	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Sponsor		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	
Date	Payee name / / /	1.	
6/14/2010	Sam's Whalesa	l	
Amount (\$)	Payee address; City; State; Zip Code		
297.54	LictonarTX 7.	7901	(The complete Schedule T)
PURPOSE	Category (See categories listed at the top of this schedule)	1	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Sepplies for Advertising E	ont sponse	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate //Officeholder name /OH	Office sought	for Boys Ctub
Date	Payee name HB Grocent		
Amount (\$)	Payee address; City; State; Zip Code	•	
136.78	Rio Grandel St-	Victoriato	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Septes for Event (Sponsor	- dodgeball.	burnament)
Complete ONLY if dire	ct Candidate / Officeholder name	Office sought	
expenditure to benefit	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED
			Revised 09/28

www.ethics.state.tx.us

I

P.O. Box 12070

Austin, Texas 78711-2070

Th	e Instruction Guide explains how to	complete this form.	Total pages Schedule E:
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filer
тот	AL OF UNITEMIZED LOANS:		\$
Date of loan	7 Name of lender	out-of-state PAC (ID#:) 9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; Stat	te; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupa	l tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral 15 Check		15 Check if personal funds were dep	posited into political account
none GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
GUARANTOR INFORMATION		· · · · · · · · · · · · · · · · · · ·	19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION	18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$) Loan Amount (\$)
6 GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions) out-of-state PAC (ID#:	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate
6 GUARANTOR INFORMATION not applicable 0 Principal Occupa Date of Ioan Is lender a financial	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
6 GUARANTOR INFORMATION 1 not applicable 0 Principal Occupa Date of Ioan 1s lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)) Loan Amount (\$) Interest rate
S GUARANTOR INFORMATION INFORMATION INFORMATION OPrincipal Occupa Date of Ioan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State	State; Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#	Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION Government of the second seco	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State	State; Zip Code 21 Employer (See Instructions) a out-of-state PAC (ID#	Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION not applicable Principal Occupat Date of loan Is lender a financial Institution? Y N Principal occupati Description of Colla GUARANTOR	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State	State; Zip Code 21 Employer (See Instructions) a out-of-state PAC (ID#	Loan Amount (\$) Loan Amount (\$) Interest rate Maturity date sited into political account

www.ethics.state.tx.us

Revised 09/28/2011

Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 78711	-2070 (512)	463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES				SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	JRE CATEGORIES Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R Guide explains how to o	ntract Labor Loa sing Expense Tra Col rict ental Expense OT	nsportation Equ ntributions/Don Candidate/Offic	Reimbursement uipment & Related Expense ations Made By scholder/Political Committee ategory not listed above)
1 Total pages Schedule F:	2 FILER NAME	Carcia		3 ACCOUN	「 # (Ethics Commission Filers)
4 Date () 29 201-2 6 Amount (\$)	5 Payee name <i>Reusta a</i> 7 Payee address: City;	State; Zip Code	N		
12000	Ben Jordan S	,	-Ty 7790	01	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Advertising	the top of this schedule) Ad	(b) Description (If tra	avel outside of Tex	as, complete Schedule T)
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n DH	ame	Office sought		Office held
Date (12/201	Payee name F Build-a	-Sign			
Amount (\$) 423-95	Payee address; City; Round I	state; Zip Code Kucle TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Adult Series	the top of this schedule)	Description (If tre	avel outside of Tex.	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n	ame	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at l	the top of this schedule)	Description (If tra	avel outside of Tex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n DH	ame	Office sought		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)		avel outside of Tex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder n OH	ame	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

www.ethics.state.tx.us

•