Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: ~~30~~ 47

OFFICE USE ONLY

Date Received: RECEIVED OCT 10 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: ADRIAN MI:

NICKNAME: LAST: GARCIA SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☑ Change of Address

ADDRESS / PO BOX: P.O. BOX 964 APT / SUITE #: CITY: HOU, TX. STATE: ZIP CODE: 77001

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (713) PHONE NUMBER: 694-9458 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS. FIRST: MONICA MI:

NICKNAME: LAST: GARCIA SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 705 SUE ST. APT / SUITE #: CITY: HOU, TX. STATE: ZIP CODE: 77009

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 694-9458 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: 7 / 01 / 05 THROUGH Month Day Year: 9 / 30 / 05

11 ELECTION

ELECTION DATE Month Day Year: 11 / 08 / 05

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): DISTRICT H

13 OFFICE SOUGHT (if known): ~~[illegible]~~ NE ELECTION

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ $27,675.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ $36,542.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 75,909.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

19 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.

Adrian Garcia

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adrain Garcia, this the 10th day of October, 20 05, to certify which, witness my hand and seal of office.

ANNA RUSSELL
Notary Public, State of Texas
My Commission Expires 7/8/09

Anna Russell

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Printed on recycled paper

Revised 11/05/2003

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/14/05	RICHARD LEE GRAFF [redacted] Hou, Tx. 77007	25.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	ROBERT SACCANO [redacted] Hou, Tx. 77007	100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/18	Lloyd Burke [redacted] Hou, Tx. 77252	1,100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	Ralph Ellis [redacted] Hou, Tx. 77019	250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	ERICH KNEBS [redacted] Hou, Tx. 77008	100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2 OF 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/21	R. DAN FONTAINE [redacted] HOUSTON, TX. 77098	200.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	WELLINGTON STEVENS III [redacted] HOU, TX. 77056	250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	MELINDA PATTERSON [redacted] HOU, TX. 77025	200.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	GRANT S. HARVEY [redacted] HOU, TX 77002.	500.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	FMGR APPRAISAL GROUP [redacted] HOU, TX. 77007	250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/21	GRACE STUART [redacted] HOU, TX. 77009	50.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	LAMBERT ARCENEAUX [redacted] HOU, TX. 77270	1,000	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	GILBERT MONSIVAIS [redacted] HOU, TX. 77001	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	MARIA OFELIA [redacted] HOU, TX. 77005	100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21	DR. JOSEPH CONGEMI [redacted] HOU, TX. 77008	100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers): —

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/14	IEC OF HOUSTON PAC [redacted] HOU, TX. 77007.	250.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/4	S.E.I.U. [redacted] WASHINGTON, DC 20005	3,000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/2	JAMES JACK [redacted] HOUSTON, TX. 77024	1,000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/8/05	H.P.O.A PAC [redacted] HOU, TX. 77007	5,000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/3	SARAH HUNT [redacted] HOUSTON, TX. 77270	2,000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/20	DRAGONFLY TRANSPORTATION [redacted] HOU, TX. 77207	25.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/27	SHANNA CRAWFORD BARNTON [redacted] HOU, TX. 77009	25.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/9	ZINETTA BURNETT [redacted] HOU, TX. 77004	250.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/26	LAWRENCE RAMMING [redacted] HOU, TX. 77007	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/23	C.W.A. COPE [redacted] WASHINGTON DC 20001	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 6 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/1	A.F.S.C.M.E. [redacted] WASHINGTON, DC. 20036	1,000.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/20	Guy Hagstette [redacted] Hou, TX. 77002	400.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/30	RICHARD ROFOFA [redacted] Hou, TX. 77007	50.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 7 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/9/05	☐ out-of-state PAC (ID#:_____) DARRYL WIESENTHAL [redacted] HOUSTON, TX 77024-1262	250.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/9/05	☐ out-of-state PAC (ID#:_____) HAROLD S. WIESENTHAL [redacted] HOUSTON, TX 77008	200.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/12/05	☐ out-of-state PAC (ID#:_____) MARGARET P. RODRIGUEZ [redacted] HOUSTON, TX 77008	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/14/05	☐ out-of-state PAC (ID#:_____) THE DELGADO LAW FIRM P.L.L.C. [redacted] HOUSTON, TX 77010	200.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/15/05	☐ out-of-state PAC (ID#:_____) TEXAS AGGREGATE & BASE MATERIALS [redacted] KATY, TX 77450	300.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 8 of 14

2 FILER NAME: ADRIAN GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/19/05	VICTOR S. GARZA [redacted] HOUSTON, TX 77007	200.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/19/05	JOE A. GARZA, CPA [redacted] HOUSTON, TX 77087	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/20/05	LILIAN G. LOZANO JOSE A. LOZANO [redacted] PEARLAND, TX 77584-7015	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/26/05	JOSEFINA L. YARBROUGH LOREN R. YARBROUGH [redacted] HOUSTON, TX 77022-3750	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	MARIA DELEON ROBERTO F. DELEON [redacted] HOUSTON, TX 77089	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 9 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/29/05	HIRAM A. OR DALIA CONTRERAS [redacted] HOUSTON, TX 77007	50.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	MONICA OR ADRIAN GARCIA [redacted] HOUSTON, TX 77009	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	E.A. FUENTES [redacted] HOUSTON, TX 77019	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	EDWARD GONZALEZ [redacted] HOUSTON, TX 77008	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	LAURA BRADY [redacted] HOUSTON, TX 77088	300.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10 OF 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/29/05	INTERNATIONAL PROTECTIVE SERVICES [redacted] Houston TX 77262	100.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	MELISA H. KRAMER [redacted] Houston, TX 77008	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	DAVID GARVIS [redacted] Houston, TX 77098	100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	COMPEAN FUNERAL HOME [redacted] Houston TX 77012	100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	EUSEBIO OR ETELWINA HERNANDEZ [redacted] Houston TX 77009	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 11 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/29/05	MARCIA PERRY CONRAD PERRY [redacted] HOUSTON TX 77007	50.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	ERNESTO OR BETTY R. MORENO [redacted] HOUSTON, TX	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	JAY HAMBURGER [redacted] HOUSTON, TX 77002	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/30/05	SEAN F. GREENWOOD [redacted] HOUSTON TX 77002-9136	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/30/05	ROBERT U. ROIZ JR. [redacted] HOUSTON, TX 77262	50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 12 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/30/05	ROBERT CARD OR CYNTHIA CARD [redacted] HOUSTON, TX 77001	100.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/12/05	ASSOCIATED BUILDERS & CONTRACTORS OF GREATER HOUSTON [redacted] HOUSTON, TX 77098	1,000	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/6/05	VASANT K. MALIANI [redacted] HOUSTON, TX 77056	150.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/21/05	JUANITA WALKER [redacted] HOUSTON, TX 77061	100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/26/05	RONALD F. CULP MARGARET CULP [redacted] TOMBALL, TX 77375-2626	1000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 13 of 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/21/05	Harrison Williams [redacted] Houston, TX 77002	250.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/28/05	TRINIDAD V. Mandehall [redacted] Houston, TX 77024	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	DAVID SAPERSTEIN [redacted] Houston, TX 77056	2,500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	Cleto Hernandez or MARINA HERNANDEZ [redacted] Houston, TX 77009	100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/05	DRAGONFLY TRANSPORTATION [redacted] Houston, TX 77202	25.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14 of 14

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/30/05	JUDY WALLACE [redacted] Wharton, TX 77025	1,000.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of ~~8~~ 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/5/05	CINGULAR P.O. BOX 650574 DALLAS, TX. 75265-0574	431.87

8 Purpose of payment (See instructions regarding type of information required.): CELL PHONE EXPENSE

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/6	REBECCA REYNA 1009 McDANIEL HOU, TX. 77022	108.65

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT - SUPPLIES - JULY 4th PARADE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/6	CINGULAR P.O. BOX 650574 DALLAS, TX. ~~75266~~ 75265	372.91

Purpose of payment (See instructions regarding type of information required.): CELL PHONE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/6	H.G.L.B.T.P.C. PAC 3400 MONTROSE HOU, TX. 77006	100.00

Purpose of payment (See instructions regarding type of information required.): DONATION

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/13/05	FIFTH WARD MISSIONARY BAPT. CHURCH 4300 Noble Street Houston, TX 77020	250.00

8 Purpose of payment (See instructions regarding type of information required.): DONATION

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/13	GREATER HEIGHTS CHAMBER 545 West 19th Street Houston, TX 77008	250.00

Purpose of payment (See instructions regarding type of information required.): MEMBERSHIP DUES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/13	FANNIE MAE HOUSTON Two Allen Center 1200 Smith St. Suite 2335 Houston, TX 77002	18.00

Purpose of payment (See instructions regarding type of information required.): LUNCHEON

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/14	RHONDA SALTER 1419-A Cohn Houston, TX 77219-1504	7.16

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT - SUPPLIES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/15/05	Bella Vista Ministry 807 East 36th Street Houston, TX 77022	250.00

8 Purpose of payment (See instructions regarding type of information required.): Sponsorship

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/20/05	Palace of Praise Church 1606 Weiss Houston, TX 77009	100.00

Purpose of payment (See instructions regarding type of information required.): DONATION

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/25/05	Arnold & Langrand 1920 North Memorial Way Ste 112 Houston, TX 77007	423.50

Purpose of payment (See instructions regarding type of information required.): FUNDRAISING EXPENSES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/25/05	Be Bilingual, Inc. 510 Bering Dr. Ste 300 Houston, TX 77057	102.00

Purpose of payment (See instructions regarding type of information required.): TRANSLATION

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/25/05	ORIANNA DIAZ 1920 N. MEMORIAL WAY HOU, TX. 77007	310.00

8 Purpose of payment (See instructions regarding type of information required.): FUNDRAISING EXPENSES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/25/05	GEORGIA HARRIS JENKINS 4328 TAMPICO HOU, TX. 77016	1,500.00

Purpose of payment (See instructions regarding type of information required.): Consulting fee

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/25/05	C. GIOVANNI GARIBAY 4400 MEMORIAL DR #1016 HOU, TX. 77007	747.15

Purpose of payment (See instructions regarding type of information required.): CELL phone

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/25/05	C. GIOVANNI GARIBAY 4400 MEMORIAL DR # 1016 HOU, TX. 77007	4,000.00

Purpose of payment (See instructions regarding type of information required.): Consulting fee

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/26/05	CHASE VISA	1,278.06

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement - storage lot, flowers, travel expenses

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/26/05	Cingular Wireless P.O. Box 650574 Dallas TX 75265	328.07

Purpose of payment (See instructions regarding type of information required.): Cell phone

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/29/05	Eddie Thomas 931 E. 36th Houston. Tx	200.00

Purpose of payment (See instructions regarding type of information required.): Dist. H Canes Project

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/29/05	Resurrection Bazaar 915 Zoe St. Houston, Tx 77020	150.00

Purpose of payment (See instructions regarding type of information required.): Donation

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/28/05	MUHAMMAD MOSQUE 11830 CORONA LANE HOUSTON, TX 77072	50.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
DONATION			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/31	GRACE ~~[illegible]~~ JERUSALEM CHURCH 8901 JENSEN DRIVE. HOUSTON. TX 77093	25.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
DONATION			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/31	NEW BETHEL MISSIONARY BAPT. 9126 JENSEN DR. HOUSTON. TX 77093	25.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
DONATION			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/1	CAMPAIGN STRATEGIES 3815 MONTROSE BLVD Suite 101 HOUSTON, TX 77006	7,000

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
CONSULTING FEE			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/1	ASSIST THE OFFICER 1503 Chartres Houston TX 77002	190.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
DONATION	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/2	KINKOS 700 MAIN ST., STE. 101 HOU, TX. 77002	530.43

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Copies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/3	ORGANIZATION OF SPANISH SPEAKING OFFICERS 901 N. COOP HOU, TX 77027	500.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
DONATION	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/5	HICKORY HOLLOW 101 Heights Blvd Houston, TX 77007	125.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
SPONSORSHIP	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/9	SIGNAL DESIGNS 1920 N. MEMORIAL WAY HOU, TX. 77007	510.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
[redacted]	[redacted]	[redacted]

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15	REBECCA NATHA 1009 McDANIEL HOUSTON, TX 77022	30.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
SUPPLIES			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/20	IHOP 15 E. CROSTIMBER HOU, TX. 77022	867.29

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
BREAKFAST			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/03	RUN A WAY FOR LIFE P.O. Box 1562 Houston, TX 77251	15.00

8 Purpose of payment (See instructions regarding type of information required.): DONATION - CMC

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	GREATER NEW HOPE MISSIONARY BAPT. CHURCH 7818 North MAIN St. Houston, TX 77022	25.00

Purpose of payment (See instructions regarding type of information required.): DONATION

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	CAMPAIGN STRATEGIES 3815 MONTROSE BLVD Suite 101 Houston, TX 77006	4,676.78

Purpose of payment (See instructions regarding type of information required.): Consulting fee

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Bulls Eye Storage 1715 AIRLINE DR. Houston, TX 77009	112.00

Purpose of payment (See instructions regarding type of information required.): Storage

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/21	Holy Bible Way Church 100 East Tidwell Rd Houston, TX 77022	25.00

8 Purpose of payment (See instructions regarding type of information required.): DONATION

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/23	CHASE VISA	2,885.25

Purpose of payment (See instructions regarding type of information required.): PRINTING, STORAGE, FLOWERS SPONSORSHIP

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/23	FISTA PATMA P.O. 262871 Houston, TX 77207-2871	200.00

Purpose of payment (See instructions regarding type of information required.): DONATION - PARADE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/27	City of Houston 900 Bagby - P.O. Box 1562 Houston, TX 77251	30.00

Purpose of payment (See instructions regarding type of information required.): DONATION - CMC

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11

2 FILER NAME ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/26	Cingular P.O. Box 650574 DALLAS, TX 75265	306.85

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
CELL PHONE			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/28	Anti Defmation League 4635 Southwest Freeway. Suite 400, Houston, TX 77027	40.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
SPONSORSHIP			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/31	HARRIS COUNTY TEJANO DEMOCRATS 3715 N. MAIN ST. HOU, TX. 77009	300.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
DONATION			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	—	

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: ADRAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/6	ADRAN GARCIA 705 SUR St HOU, TX. 77009	500.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
REIMBURSEMENT on FILING FEE			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/9	GEORGIA HARRIS JENKINS 4328 TAMPICO Houston, TX 77016	1495.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Consulting FEE			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/14	US POST MASTER 401 FRANKLIN HOUSTON, TX 77201	473.60

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
POSTAGE			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/14	GEORGIA HARRIS JENKINS 4328 TAMPICO Houston, TX 77016	1,750.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Consulting FEE			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 17

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/16	SPRINT DIGITAL 10100 CLAY ROAD, STE. C HOU, TX. 77080	2,922.75

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
PRINTING (TARO SIGNS)			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/21	HOUSTON CANVASSER 620 1/2 W. 19th HOU, TX. 77008	41.55

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
DIST. H CANVASS PROJECT			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/27	SBC 4119 BROADWAY RM 410 SAN ANTONIO, TX 78209	411.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
PHONES			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/27	HARRIS COUNT DEMOCRAT PARTY 1445 N. LOOP WEST, STE. 110 HOU TX. 77008	625.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
SPONSORSHIP			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/30	P.R. CORPORATION 4425 WILLOWBEND BLVD. HOU, TX. 77035	250.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
plaque			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/30	GEORGIA HARRIS JENKINS	620.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Consulting fee			

Date	Payee name / Payee address; City, State, Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.E.O.P.L.E.—THE LEGISLATIVE/POLITICAL ACTION ARM OF
THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES

Gerald W. McEntee, President/William Lucy, Secretary-Treasurer

August 25, 2005

Adrian Garcia Campaign
705 Sue
Houston, TX 77009

Dear Mr. Adrian Garcia:

On behalf of the American Federation of State, County and Municipal Employees, we are pleased to enclose a $1,000.00 contribution to the nonfederal account of the Adrian Garcia Campaign from PEOPLE, AFSCME's multicandidate political action committee.

We extend AFSCME's best wishes to you.

Sincerely,

WILLIAM LUCY
International Secretary-Treasurer

GERALD W. McENTEE
International President

GWMcE/WL:as

Enclosure

cc: Gregg Powell, International Vice President and Administrator, Local 1550
Flo Walker, Regional Director
Don E. Simpson, Political and Legislative Director

1625 L STREET N.W., WASHINGTON, D.C. 20036 (202) 429-1021

In accordance with Federal Law, the PEOPLE Committee will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

CWA COPE

August 23, 2005

Adrian Garcia for City Council
District H
705 Sue Street
Houston, TX 77009

Dear Friend:

Enclosed is a check in the amount of $500.00, which is drawn on the CWA Committee on Political Education Political Contributions Committee (CWA COPE PCC) account.

CWA COPE PCC is a federal multi-candidate political committee sponsored by the Communications Workers of America and is funded solely with voluntary contributions from CWA members and their families. CWA COPE PCC is registered with, and periodically reports its transactions to, the Federal Election Commission (FEC)

This check effects a contribution to the party committee. The check must be deposited in the committee's non-federal account. These funds may be used only in connection with state and local elections in accordance with state and local law.

Sincerely,

Morton Bahr

Morton Bahr
Chair

Enclosure Check Number: 14403

MORTON BAHR, Chair BARBARA J. EASTERLING, Treasurer MICHAEL GRACE, Director of Political Affairs & CWA-COPE
501 THIRD STREET, N.W. WASHINGTON, D.C. 20001 PHONE 202-434-1320

Paid for and authorized by CWA on behalf of a joint fundraising effort for CWA-COPE PCC and the AFL-CIO COPE PCC.

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-131159

1. CWA-COPE Political Contributions Committee

NOTE:Commmittee Name IS Different than previously reported Click HERE for previous address information

501 Third Street NW
Washington, DC 20001

2. Date: 08/16/2004
3. FEC Committee ID #: C00002089

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

Communications Workers of America
501 Third Street NW
Washington, DC 20001
Relationship: Connected
Organization Type: Labor Organization

Committee ID# C00009597
Local 13000 CWA AFL-CIO
2124 Race Street
Philadelphia, Pennsylvania 19103
Relationship: Local Union
Organization Type: Labor Organization

Committee ID# C00151811
ASSOCIATION OF FLIGHT ATTENDANTS POLIT
1275 K STREET NW 5TH FLOOR
Washington, DC 20005
Relationship: Affiliated
Organization Type: Labor Organization

Custodian of Records:

Barbara J. Easterling
501 Third Street NW
Washington, DC 20001
Title: Secretary/Treasurer
Phone # (202) 434-1100

Treasurer:

Barbara J. Easterling
501 Third Street NW
Washington, DC 20001
Title: Secretary/Treasurer
Phone # (202) 434-1100

Designated Agent(s):

Michael Grace
501 Third Street NW
Washington, DC 20001
Title: Political Director
Phone # (202) 434-1100

Banks or Depositories

SunTrust Bank
PO BOX 85024
Washington, DC 20001

Signed: Barbara J. Easterling
Date Signed: 08/05/2004
Official Committee URL:

(End FEC FORM 1)

Generated Wed Aug 25 11:57:39 2004

I certify that the above form is a true copy of the most recent Statement of Organization for the CWA-COPE Political Contributions Committee on file with the Federal Election Commission.

Barbara J. Easterling, Treasurer

8/26/04
Date

August 3, 2005

Adrian Garcia Campaign
705 Sue Street
Houston, TX 77009

Dear Finance Chairman:

Transmitted herewith is our check in the amount of $3,000.00 payable to the Adrian Garcia Campaign. This check is our contribution towards the Adrian Garcia Campaign and is being sent to you with our best wishes.

Please be assured that this check represents voluntary contributions from the members of SEIU. We will be reporting this contribution by SEIU COPE to the FEC. We have also enclosed a copy of SEIU COPE's Statement of Organization as currently on file with the FEC. This statement is accurate and complete to the best of my knowledge and belief.

Sincerely,

Anna Burger
Treasurer, SEIU COPE

AB:sn

Enclosures

ANDREW L. STERN
International President

ANNA BURGER
International Secretary-Treasurer

MARY KAY HENRY
Executive Vice President

GERRY HUDSON
Executive Vice President

ELISEO MEDINA
Executive Vice President

TOM WOODRUFF
Executive Vice President

SERVICE EMPLOYEES
INTERNATIONAL UNION, CLC

1313 L Street, N.W.
Washington, D.C. 20005

202.898.3200
TDD: 202.898.3481
www.SEIU.org

8104-1000

02/24/2005 08 : 44

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Service Employees International Union Committee On Political Education (SEIU COPE)

ADDRESS (number and street)

1313 L Street NW

(Check if address is changed)

Washington | DC | 20005 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

stburger@seiu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028988329

2. DATE 02 23 2005

3. FEC IDENTIFICATION NUMBER C C00004036

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Anna Burger

Signature of Treasurer Electronically Filed by Anna Burger Date 02 23 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Service Employees International Union

Mailing Address 1313 L Street, NW

Washington DC 20005 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | X Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Service Employees International Union Committee On Political Education (SEIU COPE)

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Liz Gustafson

Mailing Address: 1313 L Street, NW

Washington (CITY ▲) DC (STATE ▲) 20005 – (ZIP CODE ▲)

Title or Position ▼: C.F.O.

Telephone number: 202 – 898 – 3200

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Anna Burger

Mailing Address: 1313 L Street, NW

Washington (CITY ▲) DC (STATE ▲) 20005 – (ZIP CODE ▲)

Title or Position ▼: Treasurer

Telephone number: 202 – 898 – 3200

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number: – –

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address 1825 K Street, NW

Washington DC 20005

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Suntrust Bank

Mailing Address 1445 new York Ave., NW

Washington DC 20005 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee [ADDITIONAL]

1199 Service Employees Int'l Union Federal Political Action Fund

Mailing Address 330 W 42nd St, 7th Floor

New York NY 10036

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee [ADDITIONAL]

Local 32BJ SEIU American Dream Political Action Fund

Mailing Address 101 Avenue of the Americas

New York NY 10013

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

New York State Public Employees Federation - COPE

Mailing Address P.O. Box 12414

Albany NY 12212

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee [ADDITIONAL]

1199 32BJ/144 Service Employees International Union Home Care Political Action Fund

Mailing Address 330 W 42nd St. 7th Floor

New York NY 10036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____