



# 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 25,440.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
4. TOTAL POLITICAL EXPENDITURES	\$ 20,041.81
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 81,387.47
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

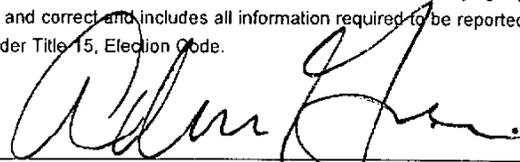
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my 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**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>1-16</b>	
2 FILER NAME <b>ADMAN GARCIA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/16/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>VINSON + ELKINS PAC</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77002</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PENDLE, Brandon, Fielder, Collins</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77008</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LINEBARGER</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>AUSTIN, TX. 78760</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NATHELYNE KENNEDY</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77091</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KASE LAWAC</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77027</b>			
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:

2-

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOSEPH + ANITA LONGORIA

6 Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77008

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALICE CHENG

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77096

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DAVID MARTINEZ

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77060

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

HENRY WAGNER

Contributor address; City; State; Zip Code

[REDACTED]  
Bulverde, TX. 78163

Amount of contribution (\$)

100.00

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)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/10

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CINDY CLIFFORD

6 Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77019

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/4

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

KEVIN SHAWLEY

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77008

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JUSTO GARCIA

Contributor address; City; State; Zip Code

[REDACTED]  
HUMBLE, TX. 77346

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RELIANT ENERGY PAC

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77001

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

KASGER - PAC

Contributor address; City; State; Zip Code

[REDACTED]  
SHERMANTON, TX. 77385

Amount of contribution (\$)

500.00

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>ADRIAN SANCHEZ</b>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <b>10/29</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ISABEL RAMIREZ</b>		7 Amount of contribution (\$) <b>5.00</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>[REDACTED] HOU, TX 77009</b>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>10/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JESSE REYES</b>		Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>[REDACTED] HOU, TX. 77009</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DEBORAH TESAR</b>		Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>[REDACTED] HOU, TX. 77009</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PEGGY + KEN LINDON</b>		Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>[REDACTED] HOU, TX. 77009 - 6224</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SAJTOAGD GUERNA</b>		Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>[REDACTED] HOU, TX. 77011</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

**ADRIAN GARCIA**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**NATASHA KAMRANI**

6 Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77008

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**PATRICIA FLORES**

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77009

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**PATRICIA HARRINGTON**

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77014

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**ROBERT MUIZ**

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77262

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**T. W. HUDSON**

Contributor address; City; State; Zip Code

[REDACTED]  
WOODLANDS, TX. 77382

Amount of contribution (\$)

300.00

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29

5 Full name of contributor  out-of-state PAC (ID#:

MARY ALICE SANCHEZ

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX. 77087

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/14

Full name of contributor  out-of-state PAC (ID#:

MART HANNA

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
KERNVILLE, TX. 75008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2

Full name of contributor  out-of-state PAC (ID#:

NELLY QUIJANO

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
PASADENA, TX. 77504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4

Full name of contributor  out-of-state PAC (ID#:

SHEETMETAL LOCAL # 54

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX. 77088

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6

Full name of contributor  out-of-state PAC (ID#:

TX. WORKING FAMILIES PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
SAN ANTONIO, TX. 78208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **7**

2 FILER NAME **ADRIAN GARCIA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**PAULA MENDOZA**

7 Amount of contribution (\$)  
**250.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
[REDACTED]  
**HOU, TX. 77070**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**10/2**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JEFF MOSE**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
[REDACTED]  
**HOU, TX. 77005**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**PLANFP PARENTHOOD PAC NON-FEDERAL**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
[REDACTED]  
**HOU, TX. 77004**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/2**  
~~12/2/18~~

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KEN KUMER**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
[REDACTED]  
**HOU, TX. 77041**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/2**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ERNA PALMER**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
[REDACTED]  
**HOU, TX. 77049**

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: <b>8</b>	
2 FILER NAME <b>ADAM GARCIA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/7</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIRK FARMS</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77006</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS PARRIS</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77053</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/1</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EOELMIND CASTILLO</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HATY, TX. 77450</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/5</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESSIE GALINDO</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77014</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/6</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FULBRIGHT + JAWORSKI PAC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOU, TX. 77010</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **9**

2 FILER NAME **ADAM GARZA**

3 ACCOUNT # (Ethics Commission filers)

4 Date **10/7**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**William Gray**

7 Amount of contribution (\$) **500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]  
**HOU, TX. 77025**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/6**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**COM PAK**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**HOU, TX. 77027**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/7**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DAVID SAPERSTEIN**

Amount of contribution (\$) **2,500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**HOU, TX 77056**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/5**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**N.L.P.O.A. SE CHAPTER**

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**PARADEIA, TX. 77005**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/6**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**GITI ZARINKELC**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**SPRING, TX. 77780**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:  
**10**

2 FILER NAME  
**ADRIAN GARCIA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/5**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RONALD NIELSEN**

7 Amount of contribution (\$)  
**500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]  
**WIMBENLEY, TX. 78676**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**10/6**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**OUSSAMA BARBAN**

Amount of contribution (\$)  
**\$500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**HOU, TX. 77056**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/5**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LANOBY'S PAC**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**HOU, TX. 77027**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/4**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JOHN MOY**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**STAFFORD, TX. 77477**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/6**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**GREG CIZIK**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**HOU, TX. 77079**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

11

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/6

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gerald Brady

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77029

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/4

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

TEXAS WOMEN PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77056

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

AL LUNA

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dwight Boykins

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77030

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MELANEY Linton

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]  
Houston, TX. 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

12

2 FILER NAME

ADMAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/6

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

WAYNE KLOTZ

6 Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77078

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/4

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT LIN

Contributor address; City; State; Zip Code

[REDACTED]  
SUGARLAND, TX 77478

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALFREDO LIZA

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77008

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOSE TRUJANO

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77007

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

THOMAS O'NEAL

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77019

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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**

2 FILER NAME **ADRIAN GARCIA**

3 ACCOUNT # (Ethics Commission filers)

4 Date **10/20**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**DON AVILES**

7 Amount of contribution (\$) **500.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

[REDACTED]  
**HOU, TX. 77007**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/20**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Bill Calderon**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]  
**HOU, TX. 77096**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/5**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**IRA SCOTT**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]  
**HOU, TX. 77071**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/6**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**RUDY BRATHS**

Amount of contribution (\$) **1000.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]  
**HOU, TX. 77025**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/2**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**CECIL MAYER**

Amount of contribution (\$) **200.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]  
**HOU, TX. 77023**

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: <b>14</b>	
2 FILER NAME <b>ADRIAN GARCIA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/1</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ST @ PAC</b>	7 Amount of contribution (\$) <b>500.00</b> <del>total</del>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED]</b> <b>HOU, TX. 77007</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay Hamberger</b>	Amount of contribution (\$) <del>500.00</del>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b> <b>HOU, TX. 77007</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa K. K... [REDACTED]</b>	Amount of contribution (\$) <del>500.00</del>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b> <b>HOU, TX. 77008</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Holly Hughes</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b> <b>HOU, TX. 77009</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE UERDIN</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b> <b>HOU, TX. 77009</b>			
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:

15

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/2

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOHNNY M. GARCES

6 Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77018

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/2

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SEA GISSERINO

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77024

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

EUGENE HENDERSON

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77028

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BUSTEN R. PENDEY

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77009

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ADRIAN GARCIA

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

16-16

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/2

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CRAIG McCusky

6 Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77057

7 Amount of contribution (\$)

5000

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/2

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

KEVIN JENKINS

Contributor address; City; State; Zip Code

[REDACTED]  
HOU, TX. 77018

Amount of contribution (\$)

930.00

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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1-5

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/4/05

5 Payee name

CONSTABLE VICTOR TRIVINO GOLF TOWNWE

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

333 COLWOOD  
HOUSTON, TX. 77011

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

10/5

Payee name

Chrysler

Amount (\$)

\$495.00

Payee address; City; State; Zip Code

P.O. Box 650574  
DALLAS, TX. 75265

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

10/6

Payee name

AVDA

Amount (\$)

\$500.00

Payee address; City; State; Zip Code

2603 CARBONATE  
HOUSTON, TX. 77004

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

10/7

Payee name

GEORGIA HARRIS JENNIS

Amount (\$)

\$1,400.00

Payee address; City; State; Zip Code

4308 TAMPICO  
HOUSTON, TX. 77016

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

consulting services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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**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

10/9

5 Payee name

**SALEM MISSIONARY BAPT. CHURCH**

7 Amount (\$)

\$25.00

6 Payee address; City; State; Zip Code

**6225 ARMY ST.  
HOUSTON, TX. 77028**

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

10/10

Payee name

**JASON CISNEROS**

Amount (\$)

\$170.00

Payee address; City; State; Zip Code

**4216 AVERILL ST.  
HOUSTON, TX. 77009**

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

**(REIMBURSEMENT - COPIES)**

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/11

Payee name

**Raquel Bunge**

Amount (\$)

\$40.00

Payee address; City; State; Zip Code

**4328 TAMPAIC  
HOUSTON, TX. 77016**

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

**donation - Zion Lutheran**

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/12

Payee name

**REV. L.E. GIBBI**

Amount (\$)

\$400.00

Payee address; City; State; Zip Code

**1010 DELWAT ST.  
HOUSTON, TX. 77088**

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

**DONATION - HOU. BAPTIST MINISTERS**

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## 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

10/12

5 Payee name

Sprint Digital Print

7

Amount  
(\$)

92.01

6 Payee address; City; State; Zip Code

10100 CAY ROAD, APT. C.  
HOUSTON, TX. 77088

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

STICKERS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/12

Payee name

Georgia Harris Jenkins

Amount  
(\$)

3,220.00

Payee address; City; State; Zip Code

4328 TAMICO  
HOUSTON, TX. 77016

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

CONSULTING SERVICES

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/12

Payee name

JASON CISNEROS

Amount  
(\$)

300.00

Payee address; City; State; Zip Code

4210 AVERILL ST.  
HOUSTON, TX. 77005

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

REIMBURSEMENT - MILEAGE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/14

Payee name

Sprint Digital Print

Amount  
(\$)

3,220.44

Payee address; City; State; Zip Code

10100 CAY ROAD, APT. C  
HOUSTON, TX. 77088

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

MAIL PIECES

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>AORIAN GARCIA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/22</b>	5 Payee name <b>INFOVINE</b>	7 Amount (\$) <b>3,344.26</b>
6 Payee address; City; State; Zip Code <b>1100 W. 23<sup>RD</sup>, STE 100 HOUSTON, TX. 77002</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>mailing</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/12</b>	Payee name <b>GIORGIO GARCIA</b>	Amount (\$) <b>3,000.00</b>
Payee address; City; State; Zip Code <b>4400 MEMORIAL #1016 HOUSTON, TX. 77007</b>		
Purpose of payment (See instructions regarding type of information required.) <b>consulting fee</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/27</b>	Payee name <b>GEORGIA HARLI JENKINS</b>	Amount (\$) <b>2,455.00</b>
Payee address; City; State; Zip Code <b>4328 TAMPICO HOUSTON, TX. 77016</b>		
Purpose of payment (See instructions regarding type of information required.) <b>consulting fee</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/27</b>	Payee name <b>DIANE ALLEN</b>	Amount (\$) <b>100.00</b>
Payee address; City; State; Zip Code <b>5206 FOUR RIVERS CT. HOUSTON, TX. 77091</b>		
Purpose of payment (See instructions regarding type of information required.) <b>consulting services</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**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

10/26

5 Payee name

EDDIE THOMAS

7 Amount (\$)

200.00

6 Payee address; City; State; Zip Code

2142 MOSIER CAFE  
HOUSTON, TX. 77082

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

REIMBURSEMENT - gas (C.A.R.E.S.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/28

Payee name

HOUSTON BLACK AMERICAN DEMOCRATS

Amount (\$)

1,000.00

Payee address; City; State; Zip Code

3806 KEEBLAND ST.  
HOUSTON, TX. 77097

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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

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