

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form		1 Filer ID(Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received 10/23/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	Amount
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (5214 Mulford)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year 9/25/2015	THROUGH	Month Day Year 10/26/2015
11 ELECTION	ELECTION DATE Month Day Year 11/3/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council - District I	13 OFFICE SOUGHT (if known)	

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

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

14 FILER NAME Herlinda Garcia 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL
 SPECIFIC

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6,120.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$8,169.63
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$3,215.19
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Herlinda Garcia

Signature of Candidate or Officeholder

AFFIX NOT 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

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Herlinda Garcia		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	6,120.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2,523.45
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	8,169.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Herlinda Garcia

ACCOUNT # (Ethics
Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Herlinda Garcia	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	Flores Auto Storage	7 Amount of contributions (\$)
9/24/2015	6 Contributor address; City; State; Zip Code	
	Houston TX 77011	\$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	Cash Donation	7 Amount of contributions (\$)
9/25/2015	6 Contributor address; City; State; Zip Code	
	Houston TX 77023	\$220.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	Cervantes & Cervantes	7 Amount of contributions (\$)
9/28/2015	6 Contributor address; City; State; Zip Code	
	Houston TX 77017	\$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	Joe A. Garcia	7 Amount of contributions (\$)
9/28/2015	6 Contributor address; City; State; Zip Code	
	Houston TX 77047	\$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Herlinda Garcia		3	Filer ID (Ethics Commission filers)
10/5/2015	Thomas Telle ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	7	Amount of contributions (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/3/2015	Richard J Gonzalez ----- 6 Contributor address; City; State; Zip Code Houston TX 77003	7	Amount of contributions (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/19/2015	Valentin Vial ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/19/2015	Valentin Vial ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/19/2015	Sylvania Munoz ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	7	Amount of contributions (\$) 1,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Herlinda Garcia		3 Filer ID (Ethics Commission filers)	
10/21/2015	6 Contributor address; City; State; Zip Code Houston TX 77007		500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 10/20/2015	5 Full name of contributor Mohamad Irfan out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Katy TX 77494	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 10/22/2015	5 Full name of contributor Cash Donation out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77023	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 8/21/2015	5 Full name of contributor Maria A. Lara out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77023	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Herlinda Garcia

3 Filer ID (Ethics Commission filers)

4 Date 5 Full name of contributor out of state PAC(ID#)

Camila Reyna

7 Amount of contributions (\$)

6 Contributor address; City; State; Zip Code

10/5/2015

Houston TX 77020

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A2:

2 FILER NAME Herlinda Garcia 3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$2,523.45

5	Date 9/21/2015	6 Full name of contributor Julio DelCarpio 7 Contributor address; Houston TX 77032	out of state PAC(ID#) City; Houston State; TX Zip Code 77032	8 Amount of contributions (\$) 1900.00	9 In-Kind contribution description Banquet Hall Rental Fee	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

5	Date 	6 Full name of contributor William Treneer 7 Contributor address; Houston TX 77024	out of state PAC(ID#) City; Houston State; TX Zip Code 77024	8 Amount of contributions (\$) 500.00	9 In-Kind contribution description Videos	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

5	Date 10/21/2015	6 Full name of contributor Larry Hicks 7 Contributor address; Houston TX 777234	out of state PAC(ID#) City; Houston State; TX Zip Code 777234	8 Amount of contributions (\$) 123.45	9 In-Kind contribution description Telephone Calls	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia	3 Filer ID (Ethics Commission filers)
4 Date 9/25/2015	5 Payee name Manuel Barrera	
6 Amount (\$) 3500	7 Payee address; City; State; Zip Code P. O. Box 710597 Houston TX 77271	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Herlinda Garcia City Council - District I	

4 Date 9/26/2015	5 Payee name Xyomara Guerra	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code Leeland Houston TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data input
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Herlinda Garcia City Council - District I	

4 Date 9/29/2015	5 Payee name XYZ Signs	
6 Amount (\$) 63.87	7 Payee address; City; State; Zip Code 1021 Aldine Bender Rd. Houston TX 77032	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held
4 Date 10/3/2015	5 Payee name WR Morris		
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 11147 W. Ferndale Place Dr. Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia	3 Filer ID (Ethics Commission filers)
4 Date 10/2/2015	5 Payee name Art's Printing	
6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code 3331 Wuthering Houston TX 77045	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I

4 Date 10/3/2015	5 Payee name Dorothy Olmos	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 5222 Claremont Houston TX 77223	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I

4 Date 10/8/2015	5 Payee name Art's Printing	
6 Amount (\$) 200	7 Payee address; City; State; Zip Code 3331 Wuthering Houston TX 77064	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held

4 Date 10/9/2015	5 Payee name Art's Printing		
6 Amount (\$) 111.85	7 Payee address; City; State; Zip Code 3331 Wuthering Houston TX 77064		

8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> <input type="checkbox"/> Signs
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia	3 Filer ID (Ethics Commission filers)
4 Date 10/12/2015	5 Payee name Dorothy Olmos	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 5222 Claremont Houston TX 77223	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I
		office held

4 Date 10/14/2015	5 Payee name Art's Printing	
6 Amount (\$) 200	7 Payee address; City; State; Zip Code 3331 Wuthering Houston TX 77045	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I
		office held

4 Date 10/14/2015	5 Payee name Manuel Barrera	
6 Amount (\$) 1700	7 Payee address; City; State; Zip Code P. O. Box 710597 Houston TX 77271	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held

4 Date 10/15/2015	5 Payee name Gabriela Yanez		
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 6632 Harrisburg Houston TX 77011		

8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name Morgan Yanez	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 6632 Harrisburg Houston TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Herlinda Garcia City Council - District I	

4 Date 10/17/2015	5 Payee name Bertha Rodriguez	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 2402 San Jacinto Pasadena TX 7752	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Herlinda Garcia City Council - District I	

4 Date 10/17/2015	5 Payee name Hilaria Peralez	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 6717 Ave. V St. Houston TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia		3 Filer ID (Ethics Commission filers)
	Event Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held
4 Date 10/2/2015	5 Payee name Art's Printing		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 3331 Wuthering Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	office sought City Council - District I	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Herlinda Garcia	3 Filer ID (Ethics Commission filers)
4 Date 10/21/2015	5 Payee name XYZ Signs	
6 Amount (\$) 919.16	7 Payee address; City; State; Zip Code 1021 Aldine Bender Rd. Houston TX 77032	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Herlinda Garcia City Council - District I	

4 Date 10/23/2015	5 Payee name Morgan Yanez	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 6632 Harrisburg Houston TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special Event
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Herlinda Garcia City Council - District I	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Herlinda Garcia	3 FilerID (Ethics Commission filers)
4 Date 7/27/2015	5 Payee name Herlinda Garcia	
6 Amount (\$) 1,415.05 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City; State; Zip Code 77023
8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	(b) Description Campaign Expenditures <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Herlinda Garcia Office sought City Council - District I Office held	

4 Date 7/30/2015	5 Payee name Herlinda Garcia	
6 Amount (\$) 1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City; State; Zip Code 77023
8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	(b) Description Campaign Expenditures <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Herlinda Garcia Office sought City Council - District I Office held	

4 Date 8/6/2015	5 Payee name Herlinda Garcia	
6 Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City; State; Zip Code 77023

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Herlinda Garcia	3 FilerID (Ethics Commission filers)
8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	(b) Description Campaign Expenditures
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	Office sought City Council - District I

4 Date 8/13/2015	5 Payee name Herlinda Garcia
6 Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; City; State; Zip Code 77023

8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	(b) Description Campaign Expenditures
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Herlinda Garcia	Office sought City Council - District I

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED