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): C999999999

2 Total pages this report: 1/47

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2004 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Hon. FIRST: Adrian MI:

NICKNAME: LAST: Garcia SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 705 Sue APT / SUITE #: CITY: STATE: ZIP CODE:

Houston TX 77009

5 CAMPAIGN TREASURER NAME

TITLE: Ms. FIRST: Monica MI:

NICKNAME: LAST: Garcia SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 705 Sue APT / SUITE #: CITY: STATE: ZIP CODE:

Houston TX 77009

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 699-2539 EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 01/01/2004 THROUGH Month Day Year: 06/30/2004

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Other -- Houston City Council - District H

12 OFFICE SOUGHT (if known):

13 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

(Effective 12/16/1999)

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

14 C/OH NAME
Hon. Adrian Garcia

15 ACCOUNT # (Ethics Commission filers)
C999999999

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occured during this reporting period. (Sign affidavid below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 750.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 62240.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 472.96
	4. **TOTAL POLITICAL EXPENDITURES**	$ 25301.87
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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

TARA ROSS
NOTARY PUBLIC
State of Texas
Comm. Exp. 03-31-2007

7/15/04

(Effective 11/16/1999)

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 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 3/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

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)
02/18/2004	Mr. Khalid Abushaaban [redacted]	1000.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Ms Ruma Acharya [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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)
02/01/2004	Ms. Jo Aldridge [redacted]	100.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/05/2004	Mr. Karim Ali [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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)
01/22/2004	Allen Boone Humphries LLP [redacted]	500.00	
Principal occu[redacted]	Employer (Optional)		

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/15/2004	Ms. Deborah Anders [redacted]	100.00	
9 Principal occu[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/10/2[redacted]	Ansun PAC [redacted]	250.00	
Principal oc[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/24/200[redacted]	Mr. Lambert Arceneaux [redacted]	500.00	
Principal occ[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/22/2004	Arnold and Langrand Communications [redacted]	250.00	
Principal occ[redacted]		Employer (Optional)	
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)
02/04/2004	Art Contreras and Associates [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	

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2 FILER NAME
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C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/01/2004	Mr. & Mrs. Dionel & Barbara Aviles [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

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)
02/05/20[redacted]	Mr. & Mrs. Al & Cindy Barringer [redacted]	100.00	
Principal oc[redacted]		Employer (Optional)	

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)
02/27/20[redacted]	Mr. Larry Berkman [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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)
02/04/2004	Ms. Dayle Blake [redacted]	100.00	
Principal occu[redacted]		Employer (Optional)	

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)
02/04/2004	Mr. James Box [redacted]	250.00	
Principal occu[redacted]		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. Mark Boyer [redacted] City; State; Zip Code	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2[redacted]	Mr. Rolando Briones Jr. P.E. [redacted] State; Zip Code	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/02/200[redacted]	Brown Cunningham Gunnuch [redacted] City; State; Zip Code	1000.00	
Principal oc[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/30/2004 [redacted]	Mr. Peter Brown [redacted] City; State; Zip Code	200.00	
Principal occu[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/200[redacted]	Mr. & Mrs. Ron & Joy Brown [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/11/2004	Mr. Rudolph Bruhns [redacted]	1500.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/23/2004	Mr. William Burge III [redacted]	500.00	
Principal occ[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/28/2004	Mr. William Burge [redacted]	500.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/03/2004	Burney and Foreman Attorneys At Law [redacted]	500.00	
Principal occ[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	CDMPAC [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/14/2004	Centerpoint Energy PAC 6 Contributor address; City; State; Zip Code [redacted]	2000.00	
9 Principal occu[redacted]		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/20[redacted]	Mr. Chris Claunch City; State; Zip Code [redacted]	500.00	
Principal o[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/06/2004	Ms. Cindy Clifford Contributor address; City; State; Zip Code [redacted]	200.00	
Principal occ[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. Rick Cloutier Contributor address; City; State; Zip Code [redacted]	250.00	
Principal occup[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Ms. Sheila Condon Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 9/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Ms. Shanna Crawford Barnstone [redacted]	100.00	
9 Principal occup[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/02/2004	Mr. James Dannenbaum [redacted]	1000.00	
Principal occu[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/05/2004	Mr. Franco Davati [redacted]	1000.00	
Principal occu[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/31/2004	Mr. & Mrs. John & Irene De Leon [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	
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)
02/04/2004	Mr. Lorenzo Diaz ,Jr. [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. Jack Drake [redacted] Zip Code	100.00	
9 Principal occupa[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Ms. Michele Fraga [redacted] City; State; Zip Code	100.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/200[redacted]	Fulbright & Jaworski L.L.P Texas Committee [redacted]tate; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Mr. Mike Garver [redacted] City; State; Zip Code	1000.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Ricardo and Romelia Garza [redacted] City; State; Zip Code	100.00	
Principal occupa[redacted]	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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Hon. Adrian Garcia

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/25/2004	Mr. Sam Gianukos [redacted] City; State; Zip Code	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/02/2004	Mr. Raymond Gonzales [redacted] State; Zip Code	100.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Alfred & Kathy Gonzalez [redacted] State; Zip Code	80.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/02/2004	Mr. Jenard Gross [redacted] State; Zip Code	250.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/01/2004	Mr. Ramesh Gunda [redacted] State; Zip Code	250.00	
Principal occupa[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	HAA Better Government Fund [redacted]	3000.00	
9 Principal occupa[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	HHCC Policy Committee [redacted]	100.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	HOME-PAC [redacted]	1000.00	
Principal occup[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	HOU CON PAC [redacted]	500.00	
Principal occupe[redacted]		Employer (Optional)	
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)
02/05/2004	Mr. Christopher Hageney [redacted]	250.00	
Principal occupat[redacted]		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/01/2004	Mr. Christopher Hageney [redacted]	200.00	
9 Principal occup[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Douglas & Patricia Harrington [redacted]	100.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Richard & Helen Hartman [redacted]	100.00	
Principal occupati[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/03/2004	Hermes Architects PAC [redacted]	250.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/02/2004	Houston Associated General Contractors PAC [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Houston Citizens PAC 6 Contributor address; City; State; Zip Code [redacted]	250.00	
9 Principal occup[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Houston Police Retired Officers Association PAC Contr[redacted]tate; Zip Code [redacted]	100.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☒ out-of-state PAC(ID# C00003830)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/01/2004	J.P. Morgan Chase & Co. State and Federal PAC [redacted] Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Ms. Srichandana Jannapureddy Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/02/2004	Ms. Patricia Joiner Contributor address; City; State; Zip Code [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 15/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/03/2004	Mr. Isaac Joskowicz .PE 6 [redacted] City; State; Zip Code	60.00	
9 Principal occup[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Wayne Klotz [redacted] State; Zip Code	250.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. Bahong Kuo [redacted] State; Zip Code	500.00	
Principal occupat[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/28/2004	Mr. Bill Kvinta [redacted] City; State; Zip Code	200.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. John & Regina Kyles [redacted] City; State; Zip Code	500.00	
Principal occup[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 16/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/02/2004	LAN-PAC [redacted]ity; State; Zip Code	500.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/11/2004	Landry's Restaurants PAC [redacted]ity; State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/09/200[redacted]	The Honorable El Franco Lee City; State; Zip Code	250.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/29/2004	Linebarger Goggan Blair & Sampson,LLP City; State; Zip Code	1000.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. R. Jack Linville City; State; Zip Code	250.00	
Principal occup[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 17/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Locke Liddell & Sapp LLP [redacted]	1000.00	
9 Principal occup[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Janiece Longoria [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Albert Luna III [redacted]	250.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/22/2004	Ms. Cynthia Marquez [redacted]	500.00	
Principal occu[redacted]	Employer (Optional)		
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)
01/09/2004	Mr. D. Fred Martinez [redacted]	2500.00	
Principal occupati[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 18/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/28/2004	Mr. Michael Massa [redacted]	100.00	
9 Principal occup[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / [redacted] State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mayer,Brown,Rowe & Maw LLP [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / [redacted] Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/02/2004	McConnell Jones Lanier & Murphy LLP [redacted]	500.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / [redacted] City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/31/2004	Ms. Trini Mendenhall [redacted]	100.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / [redacted] City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2004	Mr. & Mrs. John & Beverly Miller [redacted]	100.00	
Principal occ[redacted] (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 19/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/09/2004	Mr. David Mincberg [redacted]	500.00	
9 Principal occup[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Gilbert Mindiola [redacted]	75.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Booker Morris [redacted]	100.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Darrell Morrison [redacted]	100.00	
Principal occupa[redacted]	Employer (Optional)		
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)
02/04/2004	Mr. Ronald Mullinax [redacted]	500.00	
Principal occup[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 20/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/31/2004	Mr. John Nau [redacted]	1000.00	
9 Principal occupa[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Roy Orta [redacted] Zip Code	75.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/14/2004	Mr. & Mrs. William & Blanca Othon [redacted] Zip Code	250.00	
Principal occup[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/03/2004	Outdoor PAC [redacted]	500.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2004	PHCG Investments -- A Partnership [redacted]	1000.00	
Principal occu[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/15/2004	PSI Political Action Committee [redacted]	250.00	
9 Principal occup[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/02/2004	Ms. Jane Page [redacted]	200.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Paisano Interests [redacted]	100.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Paisano Interests [redacted]	100.00	
Principal occu[redacted]	Employer (Optional)		
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)
02/05/2004	Paksima Group [redacted]	1000.00	
Principal occu[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 22/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Manuel & Nancy Parra [redacted]	250.00	
9 Principal occupa[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/02/2004	Parsons Corporation PAC [redacted] State; Zip Code	500.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/02/2004	Perdue,Brandon,Fielder,Collins & Mott,LLP [redacted] Contributor address; City; State; Zip Code	500.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Pete & Bertha Perez [redacted] Contributor address; City; State; Zip Code	200.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Ms. Marcia Perry [redacted] Contributor address; City; State; Zip Code	100.00	
Principal occu[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 23/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Pipe Fitters Local Union #211 COPE [redacted]	100.00	
9 Principal occup[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. John & Lenora Pohlman [redacted]	100.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/15/2004	Mr. M.F. Qaddumi [redacted]	250.00	
Principal occup[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Dr. Guadalupe Quintanilla [redacted]	100.00	
Principal occu[redacted]		Employer (Optional)	
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)
03/31/2004	Mr. Raymond Rahaman [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 24/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. Robert Randolph [redacted]	250.00	
9 Principal occ[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Charles & Jeanette Rash [redacted]	250.00	
Principal occ[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2[redacted]	Reliant Resources,Inc.,PAC [redacted]	500.00	
Principal oc[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/12/2004	Mr. Chris Richardson [redacted]	1000.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Jeff Ross [redacted]	1000.00	
Principal occu[redacted]		Employer (Optional)	

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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 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 25/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. David Sadeghpour [redacted]	500.00	
9 Principal occu[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/25/200[redacted]	Mr. David Sadeghpour [redacted]	500.00	
Principal occu[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/200[redacted]	Mr. David Sadeghpour [redacted]	250.00	
Principal occu[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Eloy & Graciela Saenz [redacted]	150.00	
Principal occu[redacted]		Employer (Optional)	
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)
02/04/2004	Mr. & Mrs. Epi & Cyndi Salazar [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 26/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. Kevin & Evelyn Shanley [redacted] State; Zip Code	300.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. Varinder Singh [redacted] State; Zip Code	500.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Mr. Louis Sklar [redacted] State; Zip Code	250.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Brian Smith [redacted] City; State; Zip Code	250.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/01/2004	Mr. Brian Smith [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 27/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/30/2004	Mr. Dudley Smith	[redacted]	250.00	
9 Principal occu[redacted]			10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/05/2004	Sparks-Barlow-Barnett Partnership	[redacted]	500.00	
Principal occupa[redacted]			Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Sparks-Barlow-Barnett Partnership	[redacted]	1000.00	
Principal occup[redacted]			Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. & Mrs. Melvin & Gail Spinks	[redacted]	500.00	
Principal occupat[redacted]			Employer (Optional)	
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)
02/04/2004	Mr. & Mrs. Robert & Martha Stein	[redacted]	100.00	
Principal occup[redacted]			Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. Jon Strange [redacted] State; Zip Code	500.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. George Strong [redacted] State; Zip Code	100.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	TSC Fund [redacted] State; Zip Code	250.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/05/2004	Mr. Orlando Teran [redacted] State; Zip Code	500.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/28/2004	Texas Friends of Time Warner Cable [redacted] State; Zip Code	250.00	
Principal occup[redacted]	Employer (Optional)		

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/05/2004	Mr. & Mrs. Raj & Roopa Thiagarajan [redacted] State; Zip Code	250.00	
9 Principal occ[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. & Mrs. James & Susan Thompson [redacted] State; Zip Code	100.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Gerard Torres [redacted] State; Zip Code	100.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. Dale Trevino [redacted] State; Zip Code	500.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Turner,Collie & Braden PAC [redacted] State; Zip Code	500.00	
Principal occup[redacted]	Employer (Optional)		

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 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 30/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/03/2004	Mr. Kenneth Ulmer [redacted] State; Zip Code	250.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/19/2004	Union Pacific Corp. Fund for Effective Government Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/29/2004	Vinson & Elkins Texas PAC [redacted] State; Zip Code	1000.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. David Walden [redacted] State; Zip Code	1000.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/04/2004	Mr. B.J. Walter [redacted] State; Zip Code	100.00	
Principal occ[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 31/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address, City, State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/04/2004	Mr. Harold Wiesenthal [redacted]	150.00	
9 Principal occu[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address, City, State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2004	Ms. Claudia Williamson [redacted]	100.00	
Principal occu[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address, City, State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/10/2004	Mr. & Mrs. Chris & Gifty Wilmot [redacted]	500.00	
Principal occ[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address, City, State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/03/2004	Mr. Edmond Wulfe [redacted]	500.00	
Principal occu[redacted]		Employer (Optional)	
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)
02/04/2004	Mr. Joe Zimmerman [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 32/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/01/2004	Alex Padilla for LA City Council 777 S. Figueroa St.,Ste 4050 Los Angeles CA 90017	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign 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 ($)
04/21/2004	American Custom Printing 10616 Hempstead Hwy - Bldg J Houston TX 77092	845.92

Purpose of expenditure (See instructions regarding type of information required.)
Fun Run T-shirts

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 ($)
03/22/2004	American Legion Post #472 P.O. Box 5521 Houston TX 77012	100.00

Purpose of expenditure (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 ($)
04/16/2004	Campos Communications 816 Ralfallen Houston TX 77008	5500.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting fees

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 report: 33/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/02/2004	Cingular Wireless PO Box 650574 Dallas TX 75265	370.60

8 Purpose of expenditure (See instructions regarding type of information required.)
Cellular service

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 ($)
03/11/2004	Cingular Wireless PO Box 650574 Dallas TX 75265	75.31

Purpose of expenditure (See instructions regarding type of information required.)
Cellular service

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 ($)
04/06/2004	Cingular Wireless PO Box 650574 Dallas TX 75265	367.94

Purpose of expenditure (See instructions regarding type of information required.)
Cellular service

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 ($)
05/24/2004	Cingular Wireless PO Box 650574 Dallas TX 75265	274.87

Purpose of expenditure (See instructions regarding type of information required.)
Cellular service

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 34/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/14/2004	Cingular Wireless PO Box 650574 Dallas TX 75265	200.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Cellular service

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 ($)
05/19/2004	Damascus Missionary Baptist Church P.O. Box 221 Houston TX 77001	250.00

Purpose of expenditure (See instructions regarding type of information required.)
Church 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 ($)
03/08/2004	El Prado Bakery Cafe 515 Patton Houston TX 77009	281.30

Purpose of expenditure (See instructions regarding type of information required.)
City council breakfast

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 ($)
03/22/2004	Emal Langrand Communications 2910 Houston Ave Houston TX 77009	1500.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting fees

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 report: 35/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/22/2004	Emal Langrand Communications 2910 Houston Ave Houston TX 77009	375.53

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for postage for fundraiser invitations

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 ($)
03/22/2004	Emal Langrand Communications 2910 Houston Ave Houston TX 77009	483.86

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for printing and processing of invitati - ons

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 ($)
03/22/2004	Emal Langrand Communications 2910 Houston Ave Houston TX 77009	973.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for fundraiser catering

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 ($)
03/22/2004	Emal Langrand Communications 2910 Houston Ave Houston TX 77009	121.75

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for office supplies

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 report: 36/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/05/2004	Mr. Cruz Giovanni Garibay 5121 Polk St. Apt. 1 Houston TX 77023	248.80

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for cellular service

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 ($)
04/16/2004	Mr. Cruz Giovanni Garibay 5121 Polk St. Apt. 1 Houston TX 77023	4000.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting fees

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 ($)
05/19/2004	Gente Magazine 50 Lack Lane Clute TX 77531	250.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

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 ($)
04/15/2004	Gents Scholarship Fund Booker T. Washington HS 119 E. 39th St. Houston TX 77018	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Scholarship donation

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 37/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/24/2004	Girl Scouts Troop #12097 503 W. 21st St. Houston TX 77008	150.00

8 Purpose of expenditure (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 ($)
02/21/2004	Ms. Lisa Gonzalez 4710 Moore St. Houston TX 77009	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Student trip 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 ($)
03/11/2004	Ms. Billie Gray 120 E 33rd St. Houston TX 77018	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for postage

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 ($)
01/10/2004	Greater Houston Preservation Alliance 712 Main St.,Suite 110 Houston TX 77002	330.00

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

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 report: 38/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission Use)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/19/2004	Greater Jerusalem Baptist Church 8901 Jensen Dr. Houston TX 77093	350.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Table 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 ($)
02/24/2004	Greenworks Flowers 1100 Louisiana Houston TX 77002	61.16

Purpose of expenditure (See instructions regarding type of information required.)
Flowers for constituent

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 ($)
03/12/2004	HISD - North District 300 West 17th St. Houston TX 77008	150.00

Purpose of expenditure (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 ($)
03/09/2004	Mr. Eddie Hernandez 2311 Lillian St. Houston TX 77502	100.00

Purpose of expenditure (See instructions regarding type of information required.)
BBQ donation

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 39/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/27/2004	Holy Name Retreat Center 430 Bunker Hill Rd. Houston TX 77024	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Church 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 ($)
04/15/2004	Houston ACORN 704 E. 11 1/2 Houston TX 77008	350.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for printing

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 ($)
05/23/2004	Houston Association of Hispanic Media Professionals 14927 James River Lane Houston TX 77084	100.00

Purpose of expenditure (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 ($)
02/17/2004	Houston Black American Democrats 3806 Keeland St. Houston TX 77093	25.00

Purpose of expenditure (See instructions regarding type of information required.)
Membership

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 report: 40/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/19/2004	Houston Black American Democrats 3806 Keeland St. Houston TX 77093	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Table 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 ($)
05/03/2004	Houston Communications 5205 Telephone Rd. Houston TX 77087	64.95

Purpose of expenditure (See instructions regarding type of information required.)
Donation of radios for Cinco De Mayo 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 ($)
02/27/2004	Houston Police Retired Officers Association P.O. Box 2288 Houston TX 77252	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Membership

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 ($)
01/18/2004	Iranian Medical Relief Foundation 1360 Post Oak Blvd. Suite 2300 Houston TX 77056	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Iran earthquake relief donation

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 report: 41/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/05/2004	Jessica Farrar Campaign 204 Graceland Houston TX 77009	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Contribution

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 ($)
04/19/2004	LULAC District 8 5207 Airline Houston TX 77022	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Cinco de Mayo Parade 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 ($)
06/30/2004	Lexis Florist 6102 Skyline Dr. Houston TX 77057	184.02

Purpose of expenditure (See instructions regarding type of information required.)
Flowers for constituent

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 ($)
03/11/2004	Marvins Kaye Photography 4401 Montrose Houston TX 77006	169.95

Purpose of expenditure (See instructions regarding type of information required.)
Photography services

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 42/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/11/2004	Mexican American Bar Association P.O. Box 53876 Houston TX 77252	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship 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 ($)
03/06/2004	Piccadilly Northline Mall Northline Mall I-45 at Crosstimbers Houston TX 77022	250.00

Purpose of expenditure (See instructions regarding type of information required.)
Community leaders breakfast

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 ($)
02/04/2004	Public Storage 1165 North Loop West Houston TX 77008	77.00

Purpose of expenditure (See instructions regarding type of information required.)
Campaign storage

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 ($)
04/03/2004	Public Storage 1165 North Loop West Houston TX 77008	77.00

Purpose of expenditure (See instructions regarding type of information required.)
Campaign storage

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 report: 43/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/01/2004	Public Storage 1165 North Loop West Houston TX 77008	77.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign storage

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 ($)
06/28/2004	Mr. Richard Reyes 306 King Houston TX 77022	250.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for union 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 ($)
03/05/2004	Ms. Rebecca Reyna 1009 McDaniel St. Houston TX 77022	248.65

Purpose of expenditure (See instructions regarding type of information required.)
Cellular service

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 ($)
06/28/2004	Ms. Rebecca Reyna 1009 McDaniel St. Houston TX 77022	300.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for Mileage

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 report: 44/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/19/2004	Rosa's Flower Shop 7505 Laredo Houston TX 77020	64.95

8 Purpose of expenditure (See instructions regarding type of information required.)
Flowers for constituent

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 ($)
06/24/2004	Ms. Rhonda Sauter 9202 Grandview Park Dr. Spring TX 77379	25.35

Purpose of expenditure (See instructions regarding type of information required.)
Office Supplies - Reimbursement

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 ($)
06/28/2004	Ms. Rhonda Sauter 9202 Grandview Park Dr. Spring TX 77379	600.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for Mileage

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 ($)
06/10/2004	Sierra Trailways PO Box 900 South Houston TX 77587-0900	250.00

Purpose of expenditure (See instructions regarding type of information required.)
Bus Rental - transportation for seniors in district

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 45/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/18/2004	Southeast Harris County Latino Peace Officers Association P.O. Box 660 Pasadena TX 77501	320.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Table 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 ($)
02/29/2004	St.Patrick's Church 4918 Cochran Houston TX 77009	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Fun Run 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 ($)
04/27/2004	Stalker Radar 2609 Technology Dr. Plano TX 75074	1695.00

Purpose of expenditure (See instructions regarding type of information required.)
Equipment donation to HPD Truck Enforcement Unit

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 ($)
03/22/2004	Tejano Association for Historical Preservation P.O. Box 231021 Houston TX 77223	210.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship donation

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

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 report: 46/47

2 FILER NAME
Hon. Adrian Garcia

3 ACCOUNT # (Ethics Commission files)
C999999999

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/19/2004	The Old Timers Club of Houston 1126 Weaver Houston TX 77023	80.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Scholarship 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 ($)
06/03/2004	Victor Trevino Campaign 1406 Godwin Houston TX 77023	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Campaign 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 ($)
06/10/2004	Waltrip HS - Band 1900 W. 34th St. Houston TX 77018	100.00

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

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

TEXT ANNOTATION

Information entered by filer as a memo

Schedule	COH	Cash on Hand as of 6/30/2004: $61,867.93

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

J.P. Morgan Chase & Co. State and Federal Political Action Committee

ADDRESS (number and street) 230 Park Avenue, 21st Floor

☐ (Check if address is changed)

New York | NY | 10169 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bridget.lawless@jpmchase.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE M 12 / D 19 / Y 2002

3. FEC IDENTIFICATION NUMBER ▶ C00003830

4. IS THIS STATEMENT ☐ 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 Bridget Lawless

Signature of Treasurer Electronically Filed by Bridget Lawless Date M 12 / D 19 / Y 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 202-694-110

FEC FROM 1
(Revised 1/2001)

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) ☒ 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**

J.P. Morgan Chase & Co. Federal Political Action Committee

Mailing Address 230 Park Avenue, 21st Floor

New York NY 10169

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

J.P. Morgan Chase & Co. State and Federal Political Action Committee

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: Bridget Lawless

Mailing Address: 230 Park Avenue, 21st Floor

CITY ▲: New York | STATE ▲: NY | ZIP CODE ▲: 10169 -

Title or Position ▼: Treasurer

Telephone number: 212 - 622 - 3306

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: Bridget Lawless

Mailing Address: 230 Park Avenue, 21st Floor

CITY ▲: New York | STATE ▲: NY | ZIP CODE ▲: 10169 -

Title or Position ▼: Treasurer

Telephone number: 212 - 622 - 3306

Full Name of Designated Agent: Maureen E. Sullivan

Mailing Address: 230 Park Avenue, 21st Floor

CITY ▲: New York | STATE ▲: NY | ZIP CODE ▲: 10169 -

Title or Position ▼: Assistant Treasurer

Telephone number: 212 - 622 - 3332

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.

JPMorgan Chase Bank

Mailing Address

Branch # 134

401 Madison Avenue

New York | NY | 10017 -

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]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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

J.P. Morgan Chase & Co.

Mailing Address 270 Park Avenue

New York NY 10017

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

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

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number