

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

44

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

ADRIAN

NICKNAME

LAST

SUFFIX

GARCIA

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

Change of Address

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

705 SUE ST. Houston, TX. 77009

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

697-8080

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS.

MONICA

NICKNAME

LAST

SUFFIX

GARCIA

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

705 SUE ST. Houston, TX. 77023

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

694. 9458

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9 / 26 / 03

THROUGH

Month

Day

Year

10 / 25 / 03

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 4 / 03

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council, Dist. H

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

ADRIAN GARCIA

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 37,777.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 24,104.63

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 14,272.37

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Adrian Garcia
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said *Adrian Garcia*, this the *27th* day of *October*, 20*03*, to certify which, witness my hand and seal of office.

Elizabeth Jaquez
Signature of officer administering oath

Elizabeth Jaquez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

35

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/25/03

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

JESSICA FARRAR

6 Contributor address: City: State: Zip Code

7 Amount of contribution (\$)

\$10.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

9/25/03

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

Eusebio HERNANDEZ

Contributor address: City: State: Zip Code

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/25/03

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

LISA AZIOS

Contributor address: City: State: Zip Code

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/25/03

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

MARIGEL BARRERA

Contributor address: City: State: Zip Code

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/25/03

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

Vicki Bellow

Contributor address: City: State: Zip Code

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME **ADORIAN GARCIA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO BERMUDEZ	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL LOPEZ	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vingina Duke	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA ESPINOZA	Amount of contribution (\$) \$7.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSA SAMBOA	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME **ADRIAN GARCIA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward Gonzalez	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA HARRINGTON	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Will Hernandez	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEVIN HOFFMAN	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTINA CABRAL	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME **ADRIAN GARCIA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. ENRIQUE + MARIBEL BARRERA	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code BARRERA [REDACTED]			

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

Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD + ELSA LEAL	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] 76			

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

Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA AZIOS	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eusebio + Etelvina Hernandez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Gonzalez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/27/03

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

MARY KAY GREEN

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

9/27/03

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

KEVIN HOFFMAN

Contributor address; City; State; Zip Code

[REDACTED] 09

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/27/03

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

Reynaldo + Josie Rodriguez

Contributor address; City; State; Zip Code

[REDACTED] 09

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/27/03

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

MARY SCHULTZ

Contributor address; City; State; Zip Code

[REDACTED] 09

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/27/03

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

EARVIN + IRENE SMITH

Contributor address; City; State; Zip Code

[REDACTED] 77007

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME ARIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALICE L. GONZALEZ	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] 98			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LUPE DE LEON	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] 100, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos + Carol Hernandez	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] 77088			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUTH BAUER	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77001			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MACARIO SOSA, JR.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

AORIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/30/03

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

MANUEL PIZANO

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

9/30/03

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

HEOU - PAC

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/1/03

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

CONGRESSMAN GENE GREEN

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/2/03

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

JOHN B. and Beverly Miller III

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/3/03

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

ANA MARIA OLIVAREZ

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

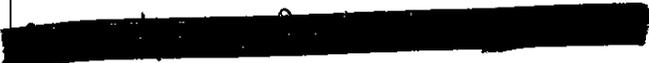
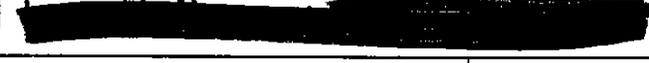
SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL + OLGA CORONA	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HIRAM + ALICIA CONTRERAS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/4/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATHERINE CASTILLO	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: B.J. WALTER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE D. MOJER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/06/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Douglas and Patricia Harrington 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew + Shannon Ema Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John + Lenora Pohlman Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert + Lupe DeLeon Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rebecca C. Reyna Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/06/03

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

Janie Reyes

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/06/03

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

Jose + Lillian Lozano

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/06/03

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

Yolande B. Navarro

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/06/03

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

Larissa Ann Lindsay

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/06/03

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

Patricia Flores

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME Adrian Garcia 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/06/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kevin + Alissa Maples</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sara Yanez</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Dweben Johnson</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Plumbers Local Union No. 68 Pack</u>	Amount of contribution (\$) <u>\$5,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Alfred + Kay Gonzalez</u>	Amount of contribution (\$) <u>\$125.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME Adrian Garcia 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/06/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Candelario Quintanilla</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Percy & Andy Giblin</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Carlos V. Rodriguez</u>	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

Date <u>10/06/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Clarence E. Vassel, Jr.</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

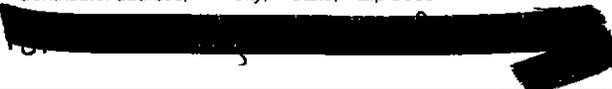
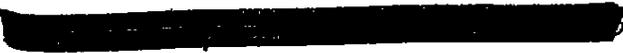
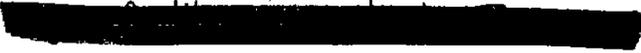
Date <u>10/04/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mike Martinez</u>	Amount of contribution (\$) <u>\$20.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>[REDACTED]</u>			

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/06/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tony + Lindi Huynh</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/07/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arturo + Margarita Murillo</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/07/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alicia Arnold</i>	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/07/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Paul W. Williams</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/07/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harold J. Wiesenthal</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME Adrian Garcia 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/07/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Alan + Renee Helfman</u> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) <u>\$200.00</u>	8 In-kind contribution description (if applicable)
---------------------------	---	--	--

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

Date <u>10/08/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>R. Max Torres</u> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
-------------------------	--	---	--

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

Date <u>10/08/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ignacio + Mary Garcia</u> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <u>\$300.00</u>	In-kind contribution description (if applicable)
-------------------------	--	--	--

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

Date <u>10/08/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robert V. Ruiz, Jr.</u> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
-------------------------	--	---	--

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

Date <u>10/08/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Max Torres</u> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <u>\$10.00</u>	In-kind contribution description (if applicable)
-------------------------	---	---	--

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/09/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bernardo + Gloria Garcia</i>	7 Amount of contribution (\$) <i>\$700.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/09/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christine + Bennie Escamilla</i>	Amount of contribution (\$) <i>\$75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/10/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cleto + Martha Hernandez</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/10/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward Reyes</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/10/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jesse + Frances Reyes</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission files)

4 Date

10/10/03

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

Margarita Escamilla

7 Amount of contribution (\$)

\$35.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/10/03

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

Epi + Cyndi Salazar

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/10/03

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

Lauro + Amapola Garza

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/10/03

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

Ignacio + Elena Garcia

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/10/03

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

Pipe Fitters Local Union #211 Park

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/11/03

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

Cesar & Leticia Martinez

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/11/03

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

Jesus & Jocero Cassio

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/11/03

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

Ricardo G. Castaneda

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/13/03

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

Joan F Jenkins

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/14/03

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

Victor Gonzalez

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION Guide explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/14/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Louis & Lynne Katopodis</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sheetmetal Workers LUSU</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hector Rojas</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Adams</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward Gonzalez</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/03

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

2x Friends of Dume Warner Cable

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[Redacted]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/03

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

Albert Luna III

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

William P. Capasso

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

Mauricio Garcia

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

Gerald Brady

Amount of contribution (\$)

\$400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/15/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jack Hernandez</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arturo & Margarita Urrutia</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christina Garibay</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David & Sylvia Smith</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mona Dela Rosa</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/03

5 Full name of contributor

Maria Arcos

out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/03

Full name of contributor

Dr. Luis Salinas II

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

Full name of contributor

Jose Madrazo

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

Full name of contributor

Lee Wilson

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

Full name of contributor

H. G. Real

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/03

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

Delano Mendola

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/03

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

Robert & Lupe Wilson

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

Ernest & Betty Moore

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

Houston Police Retired Officers Assn.

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

M. M. J. L. Waltman

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/03

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

Mary Ramos

6 Contributor address: _____

_____ # 2812

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/03

Full name of contributor out-of-state PAC (ID# _____)

Hilodoro Martinez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

Full name of contributor out-of-state PAC (ID# _____)

Lorenzo Dias

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

Full name of contributor out-of-state PAC (ID# _____)

Rebecca Reyna

Contributor address; City; State; Zip Code

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/16/03

Full name of contributor out-of-state PAC (ID# _____)

Locke Riddell & Sapp LLP

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/03

5 Full name of contributor

R. Garcia

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/16/03

Full name of contributor

Hennedi Lank

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/17/03

Full name of contributor

Andrew S. Damayo

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/17/03

Full name of contributor

TX Working Families Pol. Act. Comm

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/17/03

Full name of contributor

Mercedes Lead

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED] TX

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/03

5 Full name of contributor

Paul W. Williams

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/18/03

Full name of contributor

Joaquina Dorothy Hernandez

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

Full name of contributor

Alfred Postal

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

Full name of contributor

Bernell + Bea Rosales

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

Full name of contributor

Carolyn Alves

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/03

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

Sandra Guejardo

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/18/03

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

Ana Ruiz

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

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

Andy Master

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

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

Melody Almosgabar

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

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

Jena Mosqueda

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/03

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

Christalyn Vara

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[Redacted address]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/18/03

Full name of contributor out-of-state PAC (ID# _____)

Julian Rodriguez

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

Full name of contributor out-of-state PAC (ID# _____)

Gerardo Cantu

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

Full name of contributor out-of-state PAC (ID# _____)

Martin Quintanilla

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/18/03

Full name of contributor out-of-state PAC (ID# _____)

Louis Gonzalez

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10/18/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dolores Mendiola</i> 6 Contributor address: City: State: Zip Code [REDACTED]	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lupe Mendiola</i> Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Reyna</i> Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo G. Mejia</i> Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emanuel Arambula</i> Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10/18/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Angel Ibarra</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Katherina Estrada</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Laura Benavidez</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mauricio Garcia</i>	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Diane Pacheco</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/18/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Alves</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Hou</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/18/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dolores Mendiola</i> Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) <i>\$40.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/19/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Rodriguez</i> Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/19/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sheila W. Godbold</i> Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/19/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cordelia A. Watson</i> Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/20/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harold Draughon</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/20/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sam L Hernandez</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/21/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Peter A. De la Mora</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John + Sylvia Zepeda</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Larissa Ann Lindsay</i>	Amount of contribution (\$) <i>\$40.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Adrian Garcia</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/22/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kevin J. Hoffman</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/22/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alva Trevino</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Phi + Willis Noh</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kevin E Smith</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roberto + Maria Obregon</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/22/03

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

Ralph S. O'Connor

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/22/03

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

Manci Peary

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$4000

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/23/03

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

Elba + Raymond Arroyo

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/23/03

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

SEL + ESTHER MARTINEZ

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/23/03

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

CLARENCE VASSEL JR.

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/23/03

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

NICK ALANIS

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/24/03

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

HOMERO + BELEDIANA LOPEZ

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/24/03

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

STEVE + KRISTINA BEMYS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/24/03

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

CHARLES + JEANETTE RASH

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/24/03

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

NICK ALANIS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOELLEN SNOW 6 Contributor address: City: State: Zip Code [REDACTED]	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUSAN E. CHRISTIAN Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH + STEVEN ZEFFERT Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GUSTAV + SHARON KOPRIWA Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTINA CABRAL Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 7

2 FILER NAME
ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/27/03

5 Payee name
J + J PROMOTIONS

7 Amount (\$)
\$357.22

6 Payee address; City; State; Zip Code
6925 ABILENE ST. HOUSTON, TX. 77020

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

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

Date
9/29/03

Payee name
OFFICE MAX

Amount (\$)
\$43.74

Payee address; City; State; Zip Code
240 NORTHWEST MALL HOUSTON, TX. 77018

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

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

Date
9/30/03

Payee name
HEB

Amount (\$)
\$34.20

Payee address; City; State; Zip Code
301 W. 11th ST. HOUSTON, TX. 77008

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

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

Date
10/3/03

Payee name
CAMPOS COMMUNICATIONS

Amount (\$)
\$8,775.00

Payee address; City; State; Zip Code
816 RAIFALLEN HOUSTON, TX 77008

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 7

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7/03

5 Payee name

DENVER HARBOR CIVIC CLUB

7 Amount (\$)

\$25.00

6 Payee address; City, State; Zip Code

P.O. Box 15900 Hou, TX. 77220

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

Golf Hole Sponsor

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

Candidate / Officeholder name Office sought Office held

Date

10/10/03

Payee name

Georgia Harris Jenkins

Amount (\$)

\$2,040.00

Payee address; City, State; Zip Code

8903 Strathmore Drive Hou, TX. 77078

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

Consulting Services

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

Candidate / Officeholder name Office sought Office held

Date

10/10/03

Payee name

U.S.P.S.

Amount (\$)

\$111.00

Payee address; City, State; Zip Code

Anson Jones Houston, TX. 77009

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

Postage

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

Candidate / Officeholder name Office sought Office held

Date

10/10/03

Payee name

Georgia Harris Jenkins

Amount (\$)

\$800.00

Payee address; City, State; Zip Code

8903 Strathmore Drive Hou, TX. 77078

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

Consulting Services

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 7

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/11/03

5 Payee name

Campos Communications

6 Payee address, City, State, Zip Code

816 RAIFALLEN Houston, TX 77008

7 Amount (\$)

\$ 3,202.00

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

FLIERS / BANQUETS

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

Candidate / Officeholder name Office sought Office held

Date

10/14/03

Payee name

Harris County Council of Organizations - PAC

Payee address, City, State, Zip Code

2314 WHEELER Houston, TX 77074

Amount (\$)

\$ 350.00

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

DONATION

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

Candidate / Officeholder name Office sought Office held

Date

10/15/03

Payee name

U.S.P.S.

Payee address, City, State, Zip Code

ANSON JONES Houston, TX 77009

Amount (\$)

\$ 111.00

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

Postage

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

Candidate / Officeholder name Office sought Office held

Date

10/15

Payee name

Vinoteca Restaurant

Payee address, City, State, Zip Code

2626 WHITE OAK DRIVE Houston, TX 77009

Amount (\$)

\$ 250.00

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

CATERING

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 7

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/07

5 Payee name

GEORGIA HARRIS JENKINS

6 Payee address; City; State; Zip Code

8903 Strathmore Dr Hou, TX. 77078

7 Amount (\$)

\$ 1,540.00

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

Consulting Services

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

Candidate / Officeholder name Office sought Office held

Date

10/16/07

Payee name

INDEPENDENT HEIGHTS WAR ON DRUGS

Payee address; City; State; Zip Code

803 E. 36th St. Hou, TX. 77022

Amount (\$)

\$ 100.00

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

DONATION - PARADE

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

Candidate / Officeholder name Office sought Office held

Date

10/16/07

Payee name

JEFF DAVIS HISPANIC ALUMNI

Payee address; City; State; Zip Code

1101 QUITMAN ST. Hou, TX. 77009

Amount (\$)

\$ 50.00

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

DONATION - DANCE

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

Candidate / Officeholder name Office sought Office held

Date

10/17

Payee name

HOUSTON METROPOLITAN BAPTIST MINISTERS CONFERENCE

Payee address; City; State; Zip Code

902 W. 8th St. Hou, TX. 77007

Amount (\$)

\$ 70.00

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

DONATION

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/03

5 Payee name

HOUSTON GAY + LESBIAN POLITICAL CAUCUS

6 Payee address; City; State; Zip Code

P.O. Box 66664 Hou, TX. 77266

7 Amount (\$)

\$50.00

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

DONATION

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

Candidate / Officeholder name Office sought Office held

Date

10/19/07

Payee name

GREATER Mt. Zion Baptist Church

Payee address; City; State; Zip Code

835 W. 23rd St. Hou, TX. 77008

Amount (\$)

\$100.00

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

DONATION - DINNER TICKETS

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

Candidate / Officeholder name Office sought Office held

Date

10/20/03

Payee name

Camp02 Communications

Payee address; City; State; Zip Code

816 RAIFALLEN Hou, TX. 77008

Amount (\$)

\$1,169.10

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

FLIERS / BROCHURES

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

Candidate / Officeholder name Office sought Office held

Date

10/22/03

Payee name

FIESTA FOOD MARKET

Payee address; City; State; Zip Code

4114 FULTON ST. Hou, TX. 77009

Amount (\$)

17.71

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

FOOD FOR VOLUNTEERS

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 7

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/20/03

5 Payee name

REBECCA REYNA

7 Amount (\$)

\$ 88.39

6 Payee address; City; State; Zip Code

4400 MEMORIAL #120 HOV, TX. 77007

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

REIMBURSEMENT - SUPPLIES

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

Candidate / Officeholder name Office sought Office held

Date

10/23/03

Payee name

Georgia Harris Jenkins

Amount (\$)

\$ 1,100.00

Payee address; City; State; Zip Code

8903 Strathmore HOV, TX. 77078

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

CONSULTING SERVICES

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

Candidate / Officeholder name Office sought Office held

Date

10/23/03

Payee name

YES PRINTING

Amount (\$)

\$ 2,922.75

Payee address; City; State; Zip Code

4711 MAIN ST. HOV, TX. 77002

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

SIGNS

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

Candidate / Officeholder name Office sought Office held

Date

10/24/03

Payee name

Georgia Harris Jenkins

Amount (\$)

\$ 310.00

Payee address; City; State; Zip Code

8903 Strathmore HOV, TX. 77078

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

CONSULTING SERVICES

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 7

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/25/03

5 Payee name

Picadilly Cafeteria

7 Amount (\$)

5487.50

6 Payee address; City; State; Zip Code

141 NORTHLINE MALL HOUSTON, TX 77002

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

BREAKFAST MEETING

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought Office held

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