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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

*p-1y

1 ACCOUNT#	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST: ADRIAN; MI: ; NICKNAME: ; LAST: GARCIA; SUFFIX:
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Other (specify) ☐ July 15 ☐ Exceeded $500 limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☑ 8th day before election ☐ Final report
5 ORIGINAL PERIOD COVERED	Month Day Year: 9/26/03 THROUGH Month Day Year: 10/25/03
6 EXPLANATION OF CORRECTION	LEFT OFF ONE EXPENSE FROM REPORT. SEE ATTACHED.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED DEC 1 2003 CITY SECRETARY

Receipt # Amount

Legal Totals

Date Processed

Date Imaged

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by ADRIAN GARCIA this the 1st day of December, 20 03.

to certify which, witness my hand and seal of office.

Signature of officer administering oath — Printed name of officer administering oath: Elizabeth Yasquez — Title of officer administering oath: Notary Public

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Revised 10/22/2003

Printed on recycled paper

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 1

2 FILER NAME: ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/25	PICADILLY NORTHLINE MALL NORTHLINE MALL HOUSTON, TX 77022	$487.50

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED