

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:

24

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
ADRIAN
NICKNAME LAST SUFFIX
GARCIA

OFFICE USE ONLY

Date Received
RECEIVED
JAN 15 2004
Date Hand-delivered or Date Postmarked
CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
705 SUE STREET
HOUSTON, TX. 77009

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 694-9458

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
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 STREET Houston, TX. 77009

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

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 Month Day Year
11 / 27 / 03 THROUGH 12 / 31 / 03

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
/ / Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) DIST H
HOUSTON CITY COUNCIL

13 OFFICE SOUGHT (if known)

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. **

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 27,280.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 64,091.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,022.98
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

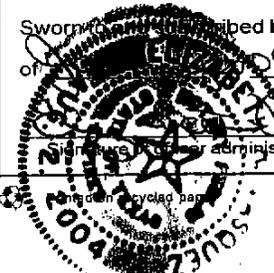
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adrian Garcia, this the 14th day of April, 2004, to certify which, witness my hand and seal of office.

Elizabeth Vasquez
Signature of officer administering oath

Elizabeth Vasquez 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 Schedule A: 13	
2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAW OFFICES JOHN CLINTON	7 Amount of contribution (\$) \$100	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 11/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATY M. GONZALES	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 11/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSE A. ROCHA	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN WHITMIRE CAMPAIGN FUND	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 11/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTINE & ANDREW KAHAN	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)	

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

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAY WATHEN 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOMINGO & BEATRICE MARQUEZ 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CWA-COPE PCC 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES T. & MAUREEN HACKETT 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUSANA HERRERA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLAN BAILEY	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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETER HOYT BROWN	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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAIL H. REVIS	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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V.N. Sudha Vijayvergiya	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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Raquel Wilson	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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SCHEDULE A

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TX WORKING FAMILIES P.A.C. 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AFSCME 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NANCY PARRA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERALD M. "JERRY" BRADY 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOU CON PAC 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

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: F. REX OWENS 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOUSTON DOCK & MARINE COUNCIL 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 11/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARIO GALLEGOS CAMPAIGN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODRIGO GONZALEZ, JR. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth & Cynthia James Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	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

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF E. ROSS	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 12/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIELA & ROBERT CORTEZ	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 12/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) I.L.A. Local 28	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 12/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK DRAKE	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAC - PAC	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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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2

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

I.L.A. Political Action Fund

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

12/2

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

National Latino Peace Officer's 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

12/2

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

ROBERT C. MCNAIR

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2

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

LANDRY'S REST. PAC

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

12/2

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

GREATER HEIGHTS DEMO, CLUB

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
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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2

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

DAVID MINCBERG

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

12/3

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

CAROL HERRERA

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

12/3

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

GUADALUPE C. QUINTANILLA

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

12/3

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

VINSON E. ELKINS, TX.

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

12/3

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

TX. COALITION FOR GOOD GOV'T

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 Schedule A:	
2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROL ALVARADO 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM G. "BILLY" MARLIN, JR. 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 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAKSIMA GROUP 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 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATIE GRAY 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 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BURNEY & FORMAN ATTORNEYS AT LAW 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
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SCHEDULE A

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TERESSA VILLA RAMIREZ 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 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GLENN OR FLORENCE JOHNSON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & MARIA DE LEON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID SADEGH POUR 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)	
Date 12/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ENRIQUE & MARIBEL BARRERA 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
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SCHEDULE A

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/6	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE & LILLIAN LOZANO 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 12/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAKSIMA GROUP 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 12/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA REYNA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS & CAROL HERNANDEZ Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOU. GAY & LESBIAN PAC 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**

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2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOU. POLICE OFFICER'S UNION P.A.C. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RELIANT RESOURCES, INC., P.A.C. 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 12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK & DENICE RESENDEZ 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 12/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONTINENTAL AIRLINES, INC. EMPLOYEE FUNDS 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 12/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK COVARRUVIAS 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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/31	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO TELLO, SR.	7 Amount of contribution (\$) \$250.00	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: **9**

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

4 Date 11/29	5 Payee name MARIBEL BARRERA	7 Amount (\$) \$166.79
6 Payee address; City; State; Zip Code 916 J. SHEPARD HOUSTON, TX. 77019		

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 11/29	Payee name CAMPAIGN STRATEGIES, INC.	Amount (\$) \$16,096.03
Payee address; City; State; Zip Code 3815 Montrose, Hou. TX. 77023		

Purpose of payment (See instructions regarding type of information required.) MAILERS	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 11/30	Payee name GREATER NEW HOPE MISS. BAPTIST CHURCH	Amount (\$) \$ 50.00
Payee address; City; State; Zip Code 7515 West Knoll, Hou. TX. 77028		

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
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Date 12/1	Payee name SPRINT DIGITAL PRINT, INC.	Amount (\$) \$771.28
Payee address; City; State; Zip Code 10100 CLAY RD. ; HOUSTON, TX. 77080		

Purpose of payment (See instructions regarding type of information required.) SIGNS	9 .. 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 FILER NAME **ADRIAN GARCIA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/1	5 Payee name POST MASTER GENERAL 6 Payee address; City; State; Zip Code CAVALCADE, HOU. TX. 77009	7 Amount (\$) \$111.00
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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
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Date 12/1	Payee name CAMPAIGN STRATEGIES, INC. Payee address; City; State; Zip Code 3815 MONTROSE, HOU. TX. 77023	Amount (\$) \$8,600.61
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Purpose of payment (See instructions regarding type of information required.) MAILERS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/2	Payee name Eckerd's Payee address; City; State; Zip Code 4702 Irvington Blvd., HOU. TX. 77009	Amount (\$) \$25.63
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Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/2	Payee name BEG PRINTING Payee address; City; State; Zip Code 9500 Westview, Ste. 109, HOU. TX. 77055	Amount (\$) \$282.53
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Purpose of payment (See instructions regarding type of information required.) Push cards	9 ** 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 FILER NAME ADRIAN GARCIA		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/3	5 Payee name SPRINT DIGITAL PRINT <small>Payee address; City; State; Zip Code</small> 10100 Clay Rd., Hou. TX. 77080	7 Amount (\$) \$ 825.41
8 Purpose of payment (See instructions regarding type of information required.) SIGNS		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 12/3	Payee name CAROL HERNANDEZ <small>Payee address; City; State; Zip Code</small> 2111 De Milo Dr., Hou. TX. 77018	Amount (\$) \$ 81.27
Purpose of payment (See instructions regarding type of information required.) Office Supplies		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 12/3	Payee name Georgia Harris Jenkins <small>Payee address; City; State; Zip Code</small> 8903 Strathmore, Hou. TX. 77078	Amount (\$) \$ 3,490.00
Purpose of payment (See instructions regarding type of information required.) Consultant Expense		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 12/3	Payee name Office Max <small>Payee address; City; State; Zip Code</small> 240 Northwest Mall, Hou. TX. 77018	Amount (\$) \$ 103.61
Purpose of payment (See instructions regarding type of information required.) office Supplies, Copies		<small>** Complete if direct expenditure to benefit C/OH **</small> 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:

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/4

5 Payee name

KANDY'S KAFE

6 Payee address; City; State; Zip Code

3452 Ella, Hou. TX. 77018

7 Amount (\$)

\$389.70

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

Catering

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

Candidate / Officeholder name Office sought Office held

Date

12/5

Payee name

CAMPAIGN STRATEGIES, INC.

Payee address; City; State; Zip Code

3815 Montrose, Hou. TX. 77023

Amount (\$)

\$7,007.88

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

mailers

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

Candidate / Officeholder name Office sought Office held

Date

12/5

Payee name

CAMPAIGN STRATEGIES, INC.

Payee address; City; State; Zip Code

3815 Montrose, Hou. TX. 77023

Amount (\$)

\$3,138.21

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

12/5

Payee name

ABUNDANT LIFE MINISTRY

Payee address; City; State; Zip Code

4411 DALWAS, Hou. TX. 77023

Amount (\$)

\$50.00

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:

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

4 Date 12/6	5 Payee name ACORN 6 Payee address; City; State; Zip Code 2600 S. Loop West, Hou. TX. 77054	7 Amount (\$) \$100.00
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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
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Date 12/6	Payee name Lorenzo Diaz Payee address; City; State; Zip Code 20251 Field Tree Drive, Huntsville, TX. 77338	Amount (\$) \$1,200.00
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Purpose of payment (See instructions regarding type of information required.) Catering	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/6	Payee name I.B.E.W. Local # 716 Payee address; City; State; Zip Code 1475 N. Loop West, Hou. TX. 77008	Amount (\$) \$300.00
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Purpose of payment (See instructions regarding type of information required.) Hall Cleanup	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/8	Payee name DORIS SALDIVAR Payee address; City; State; Zip Code 1918 Latexo Dr., Hou. TX. 77018	Amount (\$) \$147.52
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Purpose of payment (See instructions regarding type of information required.) Campaign T-shirts	9 -- 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 FILER NAME **ADRIAN GARCIA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/8	5 Payee name DIANE MOSIER 6 Payee address; City; State; Zip Code 1321 W. 21st, Hou. TX. 77008	7 Amount (\$) \$ 685.91
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date 12/8	Payee name MARIBEL BARBERA Payee address; City; State; Zip Code 916 S. Shepherd Dr., Hou. TX. 77019	Amount (\$) \$ 145.94
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Purpose of payment (See instructions regarding type of information required.) Office Supplies	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/8	Payee name Monarch Printing Co., Inc. Payee address; City; State; Zip Code 6605 McGrew, Hou. TX. 77087	Amount (\$) \$ 1,321.89
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Purpose of payment (See instructions regarding type of information required.) Push cards	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/12	Payee name CRUZ GIOVANNI GARIBAY Payee address; City; State; Zip Code 5121 Polk, Hou. TX. 77023	Amount (\$) \$ 3,000.00
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Purpose of payment (See instructions regarding type of information required.) CONSULTANT EXPENSE	9 -- 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 FILER NAME **ADRIAN GARCIA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/23	5 Payee name POSTMASTER GENERAL 6 Payee address; City; State; Zip Code Cavalcade, Hou. TX. 77009	7 Amount (\$) \$ 180.00
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8 Purpose of payment (See instructions regarding type of information required.) Postage	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 12/27	Payee name H.E.B. Store Payee address; City; State; Zip Code 6104 Harnsburg, Hou. TX. 77011	Amount (\$) \$ 41.97
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Purpose of payment (See instructions regarding type of information required.) Food for Volunteer reception	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/27	Payee name Hou. Livestock Show & Rodeo Payee address; City; State; Zip Code 8400 Kirby, Hou. TX. 77054	Amount (\$) \$ 50.00
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Purpose of payment (See instructions regarding type of information required.) Advertisement	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/30	Payee name CAMPAIGN STRATEGIES, INC. Payee address; City; State; Zip Code 3815 Montrose, Hou. TX. 77023	Amount (\$) \$ 2,000.00
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Purpose of payment (See instructions regarding type of information required.) Consultant fee	9 ** 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 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/30

5 Payee name

Cruz Giovanni Garibay

7 Amount (\$)

\$ 2,000.00

6 Payee address; City; State; Zip Code

5121 Polk
Houston, Tx 77023

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

Consultant fee

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

Candidate / Officeholder name Office sought Office held

Date

12/30

Payee name

Campos Communications

Amount (\$)

\$ 2,000.00

Payee address; City; State; Zip Code

816 Raftern
Houston, Tx 77008

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

Consultant fee

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

Candidate / Officeholder name Office sought Office held

Date

12/30

Payee name

Holly Anawaty

Amount (\$)

\$ 100.00

Payee address; City; State; Zip Code

8519 Chalkos Dr.
Houston, Tx 77017

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

REIMBURSEMENT

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

Candidate / Officeholder name Office sought Office held

Date

12/30

Payee name

Jeff E. Ross

Amount (\$)

\$ 500.00

Payee address; City; State; Zip Code

1821 Sunset Blvd.
Houston, Tx 77005

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

REIMBURSEMENT

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

Candidate / Officeholder name Office sought Office held

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