

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sylvia Garcia 15 ACCOUNT # (Ethics Commission filers)

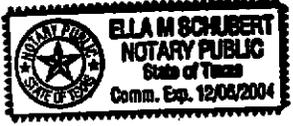
16 SUPPORTING POLITICAL COMMITTEE(S) .. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

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

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,838.46
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$3,225.19
OUTSTANDING LOAN TOTALS	5. 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.



Sylvia R. Garcia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sylvia R. Garcia, this the 15th day of January, 20 02, to certify which, witness my hand and seal of office.

Ella M. Schubert Signature of officer administering oath
Ella M. Schubert Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 2
FILER NAME: Sylvia Garcia	ACCOUNT # (Ethics Commission filers)

Date 10-29-200	Full name of contributor <input type="checkbox"/> out of state PAC Houston Dock and Marine Council PAC	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Pasadena, TX 77506		
Principal occupation (Optional)		Employer (Optional)	

Date 10-29-200	Full name of contributor <input type="checkbox"/> out of state PAC Uptown Houston PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	

Date 10-29-200	Full name of contributor <input type="checkbox"/> out of state PAC Karen Friend	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77063		
Principal occupation (Optional)		Employer (Optional)	

Date 10-29-200	Full name of contributor <input type="checkbox"/> out of state PAC Jim Hackett	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019		
Principal occupation (Optional)		Employer (Optional)	

Date 10-30-200	Full name of contributor <input type="checkbox"/> out of state PAC Jim Fonteno, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77030		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 2
FILER NAME: Sylvia Garcia	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
10-31-2001	Richard Mayor	\$200.00	
	Contributor address; City; State; Zip Code		
	[REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2001	Garnet Coleman	\$500.00	
	Contributor address; City; State; Zip Code		
	[REDACTED] Houston, TX 77288-8140		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
12-6-2001	Dale R. Kornegay	\$250.00	
	Contributor address; City; State; Zip Code		
	[REDACTED] Houston, TX 77221-4214		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-1-2001	Victory PAC	\$1,538.46	Mailing expenses
	Contributor address; City; State; Zip Code		
	[REDACTED] Houston, TX 77072		
Principal occupation (Optional)		Employer (Optional)	

SCHEDULE F

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 3
FILER NAME: Sylvia Garcia	ACCOUNT #: (Ethics Commission filers)

Date 11-5-2001	Payee name Payee address People for a Fair Houston PO Box 667307 Houston, TX 77266-7307	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 11-5-2001	Payee name Payee address Memorial High School Band PO Box 8530 Houston, TX 77249	Amount (\$) \$286.00
Purpose of expenditure (See instructions regarding type of information required.) Donation for plants for office		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 11-6-2001	Payee name Payee address Office Max 1576 W. Gray Houston, TX 77019	Amount (\$) \$29.20
Purpose of expenditure (See instructions regarding type of information required.) Campaign supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 11-14-2001	Payee name Payee address Kroger 1938 West Gray Houston, TX 77019	Amount (\$) \$50.64
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 11-14-2001	Payee name Payee address Gerardo's 609 Patton Houston, TX 77009	Amount (\$) \$60.00
Purpose of expenditure (See instructions regarding type of information required.) Breakfast pastries for council		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

SCHEDULE F

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 3
FILER NAME: Sylvia Garcia	ACCOUNT #: (Ethics Commission filers)

Date 11-20-2001	Payee name Guadalupe Cantu de Medina 18430 Hollow Oaks Circle Porter, TX 77009	Payee address	Amount (\$) \$90.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-24-2001	Payee name American Athletes 1475 W. Gray, Ste. 166 Houston, TX 77019	Payee address	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-25-2001	Payee name Mrs. Art Simon-Circus 8415 Twin Hills Dr. Houston, TX 77071	Payee address	Amount (\$) \$65.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-30-2001	Payee name TMJ Enterprises PO Box 720391 Houston, TX 77272-0391	Payee address	Amount (\$) \$497.50
Purpose of expenditure (See instructions regarding type of information required.) Constituent gifts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 12-3-2001	Payee name Claire Hart-Palumbo 9206 Tooley Dr. Houston, TX 77031	Payee address	Amount (\$) \$245.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

SCHEDULE F

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 3
FILER NAME: Sylvia Garcia	ACCOUNT #: (Ethics Commission filers)

Date 12-7-2001	Payee name Payee address Kroger 1938 West Gray Houston, TX 77019	Amount (\$) \$64.60
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 12-9-2001	Payee name Payee address Best Buy 5133 Richmond Houston, TX 77056	Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) Constituent gifts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 12-11-2001	Payee name Payee address WC Management 402 West 16th Street Houston, TX 77008	Amount (\$) \$787.25
Purpose of expenditure (See instructions regarding type of information required.) Mailing expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 12-20-2001	Payee name Payee address Charlotta Richardson PO Box 1993 Willis, TX 77378	Amount (\$) \$200.00
Purpose of expenditure (See instructions regarding type of information required.) Event catering		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held