

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 this report: 1/13
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Hon.	FIRST Sylvia	MI
	NICKNAME	LAST Garcia	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 8530 Houston TX 77249-8530		
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Roland	MI
	NICKNAME	LAST Garcia	SUFFIX Jr.
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	600 Travis, Suite 3300 Houston TX 77002-3004		
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 226-1438	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
01/01/2002		06/30/2002	
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
11/06/2001		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Other -- City Controller	12 OFFICE SOUGHT (if known) Other -- City Controller	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... 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		



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
Hon. Sylvia Garcia

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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 **\$ 0.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 0.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 193.30**

4. TOTAL POLITICAL EXPENDITURES **\$ 29024.70**

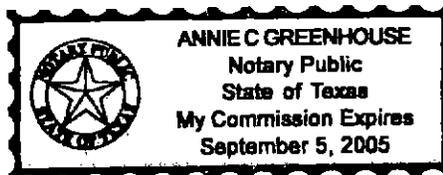
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

19 AFFIDAVIT

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

Sylvia Garcia July 15, 2002
Signature of Candidate or Officeholder



State of Texas
County of HARRIS }

Before me, Sylvia E. Green, on this
Name and Character of Notarizing Officer, e.g., "John Smith, Notary Public"
day personally appeared Sylvia E. Green
Name of Signer

Known to me
 proved to me on the oath of Rae Green
Name of Credible Witness

proved to me through _____
Description of Identity Card or Document

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this

15 day of July, A.D. 2002
Day Month Year

Annice E. Henderson
Signature of Notarizing Officer

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Office Holdin Report

Document Date: 7/15/02 Number of Pages: 4 of 15

RIGHT THUMBPRINT
OF SIGNER
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/13
2 FILER NAME Hon Sylvia Garcia		3 ACCOUNT # ¹ (Ethics Commission filers)
4 Date 02/12/2002	5 Payee name Acres Home Citizens 6 Payee address; City; State; Zip Code 6130 Wheatley Street Houston TX 77091-3947	7 Amount (\$) 120.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorship		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/01/2002	Payee name American Business Web Payee address; City; State; Zip Code 22190 W. Olive Ave PMB 217 Burbank CA 91506	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) Web Page hosting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/04/2002	Payee name Bank of America Payee address; City; State; Zip Code 1010 Milam Houston TX 77002	Amount (\$) 57.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/25/2002	Payee name Bank of America Payee address; City; State; Zip Code 1010 Milam Houston TX 77002	Amount (\$) 5.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/13
2 FILER NAME Hon Sylvia Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/25/2002	5 Payee name Bank of America <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 1010 Milam Houston TX 77002	7 Amount (\$) 25.00
8 Purpose of expenditure (See instructions regarding type of information required.) Bank Fee		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/06/2002	Payee name Bank of America <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 1010 Milam Houston TX 77002	Amount (\$) 57.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/30/2002	Payee name Bank of America <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 1010 Milam Houston TX 77002	Amount (\$) 28.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Stop payment fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/03/2002	Payee name Campaign Strategies, Inc. <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 515 Post Oak Blvd. Suite 120 Houston TX 77027	Amount (\$) 877.07
Purpose of expenditure (See instructions regarding type of information required.) Mailing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/13

2 FILER NAME
Hon Sylvia Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date 02/13/2002	5 Payee name Cingular	7 Amount (\$) 309.10
6 Payee address; City; State; Zip Code P.O. Box 660732 Dallas TX 75266-0732		

8 Purpose of expenditure (See instructions regarding type of information required.) Office Equipment	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/29/2002	Payee name Clear Lake Area Chamber of Commerce	Amount (\$) 200.00
Payee address; City; State; Zip Code 1201 Nasa Road One Houston TX 77058		

Purpose of expenditure (See instructions regarding type of information required.) Advertisement	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 02/13/2002	Payee name Clear Lake Crawfish Festival	Amount (\$) 100.00
Payee address; City; State; Zip Code 5001 Nasa Road One Houston TX 77058		

Purpose of expenditure (See instructions regarding type of information required.) Sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 01/02/2002	Payee name Daniel Schein Photography	Amount (\$) 450.00
Payee address; City; State; Zip Code 1107 Blue Willow Houston TX 77042		

Purpose of expenditure (See instructions regarding type of information required.) Inaugural Photos	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/13
2 FILER NAME Hon. Sylvia Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/09/2002	5 Payee name Deer Park Chamber of Commerce 6 Payee address; City; State; Zip Code 110 Center Street Deer Park TX 77536	7 Amount (\$) 70.00
8 Purpose of expenditure (See instructions regarding type of information required.) Annual Banquet Fees		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/13/2002	Payee name Eckerds Payee address; City; State; Zip Code 777 Walker Street Houston TX 77002	Amount (\$) 56.63
Purpose of expenditure (See instructions regarding type of information required.) Photos		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/09/2002	Payee name Eleese Lester Payee address; City; State; Zip Code 2125 Augusta #48 Houston TX 77057	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) PROFESSIONAL SERVICES		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/03/2002	Payee name Gerardos Payee address; City; State; Zip Code 602 Patton Houston TX 77009	Amount (\$) 49.25
Purpose of expenditure (See instructions regarding type of information required.) City Council Breakfast		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/13

2 FILER NAME
Hon Sylvia Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date
04/03/2002

5 Payee name
Gerardos

7 Amount
(\$)
60.00

6 Payee address; City; State; Zip Code
602 Patton
Houston TX 77009

8 Purpose of expenditure (See instructions regarding type of information required.)
City Council Breakfast

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

Date
03/21/2002

Payee name
Greater Jerusalem Missionary

Amount
(\$)
100.00

Payee address; City; State; Zip Code
8901 Jensen Drive
Houston TX 77093

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

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

Date
04/22/2002

Payee name
Institute for Regional Forecasting

Amount
(\$)
60.00

Payee address; City; State; Zip Code
204 McElhinney Hall
Houston TX 77204

Purpose of expenditure (See instructions regarding type of information required.)
Symposium registration fee

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

Date
03/08/2002

Payee name
Internal Revenue Service

Amount
(\$)
4147.02

Payee address; City; State; Zip Code
Austin TX 73301-0002

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
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2 FILER NAME
Hon Sylvia Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date
02/27/2002

5 Payee name
Judy Johnson

7 Amount
(\$)
1183.94

6 Payee address; City; State; Zip Code
218 Blalock Road
Houston TX 77024

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for Inaugural Luncheon

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

Date
01/09/2002

Payee name
K-Mart

Amount
(\$)
160.19

Payee address; City; State; Zip Code
1431 W. 20th
Houston TX 77008

Purpose of expenditure (See instructions regarding type of information required.)
Office Equipment (Camera)

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

Date
01/04/2002

Payee name
Kroger

Amount
(\$)
31.96

Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006

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

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

Date
02/01/2002

Payee name
Kroger

Amount
(\$)
56.54

Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/13

2 FILER NAME
Hon Sylvia Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date
03/01/2002

5 Payee name
Kroger

7 Amount
(\$)
66.92

6 Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006

8 Purpose of expenditure (See instructions regarding type of information required.)
Office Event

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

Date
04/03/2002

Payee name
Kroger

Amount
(\$)
35.48

Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006

Purpose of expenditure (See instructions regarding type of information required.)
City Council Breakfast

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

Date
04/04/2002

Payee name
Kroger

Amount
(\$)
58.16

Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006

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

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

Date
05/03/2002

Payee name
Krogers

Amount
(\$)
58.76

Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/13**2** FILER NAME
Hon Sylvia Garcia**3** ACCOUNT # (Ethics Commission filers)**4** Date
05/24/2002**5** Payee name
Krogers**7** Amount
(\$)
12.99**6** Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006**8** Purpose of expenditure (See instructions regarding type of information required.)
Constituent Gift**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/07/2002Payee name
KrogersAmount
(\$)
72.95Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006Purpose of expenditure (See instructions regarding type of information required.)
Office EventComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/26/2002Payee name
KrogersAmount
(\$)
22.81Payee address; City; State; Zip Code
1938 West Gray
Houston TX 77006Purpose of expenditure (See instructions regarding type of information required.)
Committee Meeting SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/17/2002Payee name
La MexicanaAmount
(\$)
67.73Payee address; City; State; Zip Code
1018 Fairview
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Campaign Scheduling Lunch MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/13
2 FILER NAME Hon. Sylvia Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/17/2002	5 Payee name La Porte Chamber of Commerce 6 Payee address; City; State; Zip Code 712 W. Fairmont Parkway La Porte TX 77571	7 Amount (\$) 80.00
8 Purpose of expenditure (See instructions regarding type of information required.) Annual Banquet Fees		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/25/2002	Payee name Lulac's Tenth Annual Cinco-de-Mayo Parade Payee address; City; State; Zip Code P.O. Box 15100 Houston TX 77220	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Parade Entrance Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/02/2002	Payee name Merto's Limo Payee address; City; State; Zip Code 1700 Smith St Houston TX 77002	Amount (\$) 602.50
Purpose of expenditure (See instructions regarding type of information required.) TRANSPORTATION SERVICES		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/23/2002	Payee name Micro Center Payee address; City; State; Zip Code 1717 West Loop South Houston TX 77027	Amount (\$) 1091.14
Purpose of expenditure (See instructions regarding type of information required.) Computer		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
12/13

2 FILER NAME
Hon Sylvia Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date
04/08/2002

5 Payee name
Pier 1 Imports

7 Amount (\$)
60.62

6 Payee address; City; State; Zip Code
1927 West Gray
Houston TX 77006

8 Purpose of expenditure (See instructions regarding type of information required.)
Constituent Gift

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

Date
02/21/2002

Payee name
St. Patrick's Parade

Amount (\$)
75.00

Payee address; City; State; Zip Code
4918 Cochran
Houston TX 77009

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

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

Date
02/13/2002

Payee name
Tejano Association

Amount (\$)
150.00

Payee address; City; State; Zip Code
P.O. Box 231021
Houston TX 77223-1021

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

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

Date
01/18/2002

Payee name
Universal Industrial

Amount (\$)
2119.54

Payee address; City; State; Zip Code
402 Cortlandt
Houston TX 77007

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
13/13

2 FILER NAME
Hon Sylvia Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date
01/09/2002

5 Payee name
Walden and Associates

7 Amount (\$)
15000.00

6 Payee address; City; State; Zip Code
55 Waugh Dr. Suite 610
Houston TX 77007

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

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

Date
01/31/2002

Payee name
Walden and Associates

Amount (\$)
64.00

Payee address; City; State; Zip Code
55 Waugh Dr. Suite 610
Houston TX 77007

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

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

Date
05/07/2002

Payee name
Walmart

Amount (\$)
89.10

Payee address; City; State; Zip Code
10411 North Fwy.
Houston TX 77037

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

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

Date
05/17/2002

Payee name
Walmart

Amount (\$)
50.00

Payee address; City; State; Zip Code
10411 North Fwy.
Houston TX 77037

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

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