CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

MAILING ADDRESS Change of Address Change of Address AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postma PHONE CAMPAIGN TREASURER NAME TREASURER ADDRESS (Residence or Business) RECORD AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postma PHONE Date Processed Date imaged Date ima	The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; OITY: STATE; ZIP CODE JUL 0 8 2011 BY: JU	1			OFFICE USE ONLY
4 CANDIDATE/OFFICEHOLDER OFFICEHOLDER MAILING ADDRESS 5 CANDIDATE/OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER ADDRESS (Residence or Business) 9 REPORT TYPE January 15 Jan	NAME	NICKNAME LAST CARCEA	SUFFIX	
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 1300 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1400 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 8 CAMPAIGN TREASURER PHONE 1500 Falty Sek Waterway 77905 1600 Falty Sek Waterway 77905 1750	TREASURER	NICKNAME LAST		Date Processed
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8 CAMPAIGN TREASURER PHONE (36) (3	TREASURER ADDRESS			
TREASURER PHONE 366 C52 - 7933 9 REPORT TYPE	(Residence or Business)	1300 talty Sek V	worn X m	105
January 15 July 15 Sth day before election Exceeded \$500 limit Final Report (Attach C/OH - F The surrer appointment (Officeholder Only) Month Day Year Month Day Year Month Day Year BLECTION TYPE Month Day Year General Special	TREASURER	(m ()		
COVERED 62 / 20 / 20 / C THROUGH 11 ELECTION ELECTION DATE Month Day Year Imary Runoff Other Description General Special	9 REPORT TYPE			treasurer appointment
11 ELECTION ELECTION DATE Month Day Year Interpretation Special 12 OSCIOS CONCUE (Month)				
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12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (If known)		livoritii Suy	Description	
	12 OFFICE			n)
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1, TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1700,00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 532222		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PORTING PERIOD	AY \$ 8,134.96		
OUTSTANDING LOAN TOTALS	6. TOTAL LAST I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH DAY OF THE REPORTING PERIOD	\$ 532222 AY \$ 813496 IE \$ 9660		
M.	INNA M LONGORIA I Notary ID # 4164200 Ires November 30, 2019	l swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me		
Anythus.		Signature of Candi	date or Officeholder		
AFFIX NOTARY STAI		by the said Danny GARCia, c	W this the		
Sworn to and subs			<u></u>		
day of Mull	n 20 1 8	, to certify which, witness my hand and seal of office.	Notavus Public		
Signature of officer	administering oath	Printed name of officer administering dath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

ZO Filer ID (Fibig	s Commission Filers)
19 FILERNAME Daniel Garcia Tr	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1760,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 225,00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.0
4. SCHEDULE E: LOANS	\$ 9600
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5372.22
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ &
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ &
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 20
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	суон \$ €2
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Politica	•	ages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Danner Carca	3 Filer ID (Ethics Commission Filers)	
4 Date Feba5-2016	5 Payee name Warri or Weekens 7 Payee address; City; State; Zip Code	d Project	
6 Amount (\$)	7 Payee address; City; State; Zip Code	····,··· <i>y</i>	
100.00	Victoria, TX.		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	,	Check If Austin, TX, officeholder living expense	
EXPENDITURE	Advertising		
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held	
Date	Payee name		
2-26-16	West Baseball	Bouster Club	
Amount (\$)	Payee address; City; State; Zip Code		
100.00	Victoria TX		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	Advertising		
Complete <u>ONLY</u> If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
march 16	Robert's Enterny		
Amount (\$)	Payee address; City; State; Zlp Code		
1210.46	Victoren V.		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	Event	Signa a salam is a salam	
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	St	alaries/Wage	s/Contract Labor	Other (enter a category not listed above)
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4 Date 2/32/16	5 Payee na	Dancel Revistar	de Vid	boria		
6 Amount (\$)	7 Payee ad	ddress; City	y; State; Zip C	Code		
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8	(a) Category	y (See Categories listed a	al the top of this sched	dule) (b) Description	
PURPOSE					Check if travel	ol outside of Texas, Complete Schedule T.
OF EXPENDITURE	1	1			Check if Aus	stin, TX, officeholder living expense
	Adv	rev tising				
9 Complete ONLY if direct expenditure to benefit C/OH		date/Officeholdern.		,	Office sought	County Commissioner
Date	Payee na					
2/23/16	\mathcal{U}	.S. Post	Master			
Amount (\$)	Payee ad	idress; City	; State; Zip Co	ode	<u>- </u>	
332.33	pr.	rain St.	Victoria	n TX	77901	
1	Category	/ (See Categories listed at	t the top of this schedu	ute)	Description	
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Complete ONLY if direct	. ^	ate / Officeholder na			Office sought	Office held
expenditure to benefit C/OH	Da.	niel Gar	Car			County Commissioner
Date	Payee na	ıme			<u></u>	
2/26/16	Wa	rvver We	eeleend			
Amount (\$)	Payee add	dress; City;	; State; Zip Co	ode		
100%-		Victoria	~ TY_			
	Category	(See Categories listed at	the top of this schedu	ule)	Description	
PURPOSE				j	Check if travel or	outside of Texas. Complete Schedule T.
OF EXPENDITURE		,		ļ	Check if Austir	in, TX, officeholder living expense
	Dona	tion Adve	extising			
Complete ONLY If direct expenditure to benefit C/OH	Candida	ite / Officeholder na	ame		Office sought	Office held
experience to benefit order	Danc	rel Gara	a			Tounty Commissioner
	ATT	ACH ADDITIONAL	L COPIES OF T	THIS SCH	EDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a relation y not listed above)

Gandidate/Officeholder/Politica Credit Card Payment	-	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
The instruction Guide explains now to complete this form.					
1 Total pages Schedule F1:		barcin	3 Filer ID (Ethics Commission Filers)		
4 Date 3-/-/6	5 Payee name TEXAS Volu	nteers			
6 Amount (\$)		tate; Zip Code			
200,00	Victoria	77			
8	(a) Category (See Categories listed at the t	1 —			
PURPQSE		1 =	loutside of Texas. Complete Schedule T.		
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9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		ı		
		Consultant			
Amount (\$)	Payee address; City; S	tate; Zlp Code			
1300-00	Victoria	TV			
PURPOSE	Category (See Categories listed at the	; ; ; ;	l outside of Texas, Complete Schedule T.		
OF EXPENDITURE	Consulting	Check If Aus	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
MG 16-16 Amount (\$)	Newson (Payee address; City; S	Consulting			
Amount (\$)	Payee address; City; S	tate; Zip Code			
830.54/xx	Victora	X			
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PURPOSE	DPrinting +		I outside of Texas. Complete Schedule T.		
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Complete ONLY If direct expenditure to benefit C/Ol	Candidate / Officeholder nam	e Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Clips (enter a gategory not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/wages/Contract Labor Ciner (enter a category not inster above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:			rs)		
	Vaniel bare ca				
4 Date 6-20-16	5 Payee name Bloomington Cittle 7 Payee address; City; State; Zip Code	e League			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
250,00	Bloomington TX				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	, 1	Check If Austin, TX, officeholder living expense			
	Advertising				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF		Check If Austin, TX, officeholder living expense			
EXPENDITURE					
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH					
Date	Payee name				
Date					
Amount (\$)	Payee address; City; State; Zip Code				
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	Category (See Categories listed at the top of this schedule)	Description Check If travel outside of Texas. Complete Schedule T.			
PURPOSE OF		Check if Austin, TX, officeholder living expense			
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OI	н				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form, 2 FILER NAME Duniel Garcia Tr 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date Amount of 9 In-kind contribution Revista (Emeth Alvares) 7 Contributor address; City; State; Zip Code 2001 Sabine St. Victoria X790 Check If travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Amount of In-kind contribution Contribution \$ description Contributor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 1

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Daniel Garcia To Date 5 Full name of contributor out-of-state PAC (ID#: Danny & Dubelsa Serrano 6 Contributor address; City; State; Zip Code 79 Crovch Rd. Vidorul 79905 4 Date 7 Amount of contribution (\$) 200%-Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 3/2/2016 DVA Holding Co. PAC Contributor address; City; State; Zip Code Alabama Mobile Principal occupation / Job title (See Instruction) 1000 /KX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#; City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daniel Garcia Ir 4 Date 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 3/1/14 Contributor address; City; State; Zip Code 2466 Old P.L. Huy, Victoria TX 77905 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____) Amount of contribution (\$) Marcos & Rosulinda Zumarripa Contributor address; City; State; Zip Code 2803 Medawlark Victoria X77901 100%-Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Jem & Jennifer Hartman Contributor address; City; State; Zip Code 250%-Vidoria Tx 77201 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.