Texas Ethics Commission

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

(512) 463-5800

CANDIDATI CAMPAIGN	E / OFFICEHOLDER FINANCE REPORT		FORM C/OH COVER SHEET PG 1
	uide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
	ripet	MI	OFFICE USE ONLY
CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	SUFFIX	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE #: CITY; 1300 Falty set Vic		
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 574-7165	MI	Date Processed Date Imaged
CAMPAIGN TREASURER NAME	NICKNAME FIRST		
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE		ZIP CODE
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 574-7165	EXTENSION	
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (officeholder only)     Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year CI 15 ZOI3		Day Year D/2013
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	E Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if	known)
	County Commissione	۲·	
	GOT	OPAGE 2	
			Revised 04/1

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	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
CANDIDATE	/ OFFICEHC	DLDER REPORT:	Cov	FORM C/OH TER SHEET PG 2
			15 ACCOUN	NT # (Ethics Commission Filers)
C/OH NAME				

THIS BOX IS FOR NOTIC CANDIDATE / OFFICEH CONSENT. CANDIDATE	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO IOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REG	ITICAL COM DR OFFICEH EIVE NOTICE	MITTEES TO SUPPORT THE OLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
1. TOTAL PLEDO	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<del>0</del>
2. TOTA	L POLITICAL CONTRIBUTIONS TR THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	Ð
		D <b>\$</b>	1119.65
		\$	1119.65
5 1014	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$	1402.16
	A PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$	1402.16 (01000
	CANDIDATE / OFFICE CONSENT. CANDIDATE COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL PLEDO 2. TOTA (OTHE 3. TOTA 4. TOT/ 5. TOTA	CANDIDATE / OFFICEHOLDER. <i>THESE EARLEND TOTES ARE</i> REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 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. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZEI 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	COMMITTEE TYPE         GENERAL         COMMITTEE ADDRESS         SPECIFIC         COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER ADDRESS         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.       TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED       \$         4.       TOTAL POLITICAL EXPENDITURES       \$         5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD       \$

8 AFFII

Texas Ethics Commission

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the	said	ess my hand and seal of office.
10th day of July 20 10	JOSEPHINE Salas	Title of office administering oath
Signature of officer administering oath Printed		Revised 04/19/20

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(TDD 1-800-735-2989)

P.O.	Box	12070	)

Josephine Salas

Notary Public, State of Texas My Commission Expires August 10, 2014

s Ethics Commission		DD 1-800-735-2989)
OLITICAL E		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Polling Expense Travel Out Of Distinct Printing Expense Office Overhead/Rental Expense OTHER (enter a category Printing Expense Office Distinct Printing Expense Office Overhead/Rental Expense OTHER (enter a category Printing Expense Office Overhead/Rental Expense OTHER (enter a category )	ent & Related Expense s Made By der/Political Committee
otal pages Schedule F:	2 FILER NAME Danny Garcia	
Date <b>8</b> 2013	2 FILER NAME Dunny Garcia 5 Payee name Lupita Hernandiz 7 Payee address; City; State; Zip Code	
Amount (\$)	North St. Victoria, IX 77901	
PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (in traver outside of roads)	
EXPENDITURE Complete ONLY if direct	Advertising expense       Candidate / Officeholder name   Office sought	Office held
expenditure to benefit C/C		
Date 2 25 2013		
Amount (\$)		
1250/-	Victoria, TX. 77901 Description (If travel outside of Texas	s, complete Schedule T)
PURPOSE OF EXPENDITURE	Advertising experse Sponsor	Office held
Complete ONLY if direct	Candidate / Officeholder name Office sought	
expenditure to benefit C	A	
expenditure to benefit C	Payee name Victoria Crossroads Buyers	
expenditure to benefit C	Payee name Victoru Crossroads Buyers Payee address; City; State; Zip Code	
expenditure to benefit C Date 3 3 2013	Payee name Victoria Crossroads Buyers Payee address; City; State; Zip Code Victoria, TX, 7790]	
expenditure to benefit C Date 3 3 2013 Amount (\$)	Payee name Victoria Crossroads Buyers Payee address; City; State; Zip Code Victoria, TX, 7790 Category (See categories listed at the top of this schedule) 1 Description (If travel outside of Tex	as, complete Schedule T)
expenditure to benefit C Date <b>3</b> / <b>3</b> / <b>2013</b> Amount (\$) <b>2550 *</b> / PURPOSE OF EXPENDITURE	Payee name Victoria Crossroads Bvyers Payee address; City; State; Zip Code Victoria, TX, 7790) Category (See categories listed at the top of this schedule) Advertising Expense Sponsor Candidate / Officeholder name Office sought	
expenditure to benefit C Date 3 / 3 / 201 3 Amount (\$) 250 */ PURPOSE OF	Payee name Victoria Crossroads Bvyers Payee address; City; State; Zip Code Victoria, TX, 7790) Category (See categories listed at the top of this schedule) Advertising Expense Sponsor Candidate / Officeholder name Office sought	as, complete Schedule T)
expenditure to benefit C Date 3 3 2013 Amount (\$) 2550 %/ PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit Date 4 18 2013	Payee name Victor Crossroads Bvyers Payee address; City; State; Zip Code Victor , TX, 7790 Category (See categories listed at the top of this schedule) Advertising Expense Sponsor Candidate / Officeholder name Candidate / Officeholder name Code Payee name American Legion Boys State Sponsor	as, complete Schedule T)
expenditure to benefit C Date 3 3 2013 Amount (\$) 250 % PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit Date 4 18 2013 Amount (\$)	Payee name Victora Crossroads Bvyers Payee address; City; State; Zip Code Victora, TX, 7790 Category (See categories listed at the top of this schedule) Advertising Expense Sponsor Candidate / Officeholder name Candidate / Officeholder name City; State; Zip Code Victora TX - 77901	as, complete Schedule T) Office held
expenditure to benefit C Date 3 / 3 / 2013 Amount (\$) 2550 %/ PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Date 4 / 8 / 2013 Amount (\$) 2775 %/ PURPOSE	Payee name Victor Crossroads Bvyers Payee address; City; State; Zip Code Victor , TX, 7790 Category (See categories listed at the top of this schedule) Advertising Expense Sponsor Candidate / Officeholder name Candidate / Officeholder name Code Payee name American Legion Boys State Sponsor	as, complete Schedule T) Office held
expenditure to benefit C Date 3 3 2013 Amount (\$) 2550 %/ PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Date 4 18 2013 Amount (\$) 275 %/	Payee name       Victors Crossroads Byers         Payee address;       City; State; Zip Code         Victors, TX, 7790J       Description (If travel outside of Tex         Category (See categories listed at the top of this schedule)       Description (If travel outside of Tex         Advertising Expense / Sponsor       Office sought         Sec       Candidate / Officeholder name       Office sought         Payee name       Office sought       City; State; Zip Code         Payee address;       City; State; Zip Code       Office sought         Victors, TX- 7790J       Category (See categories listed at the top of this schedule)       Description (If travel outside of Tex         Advertising expense / Sponsor       Office sought       Office sought	as, complete Schedule T) Office held

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s Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2			SCHEDULE F
OLITICAL E	<b>KPENDITURES</b>				301122022
		RE CATEGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense		ng Expense Tra Co tt ntal Expense OT	nsportation Eq htributions/Don Candidate/Offi HER (enter a d	Reimbursement uipment & Related Expense ations Made By ceholder/Political Committee category not listed above) T # (Ethics Commission Filers)
total pages contrain	FILER NAME Danny G	arcig			
3 7 2013	Build-a-S	; State; Zip Code			
Amount (\$) 159.65	Round Re				
PURPOSE	a) Category (See categories listed a	at the top of this schedule)	(b) Description (I	travel outside of T	exas, complete Schedule T)
	Candidate / Officeholder	161H	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	1 				
Date 22/2013	Payee name Veterns	Memoral Da ity; State; Zip Code	y bash		
Amount (\$)	Payee address; C	ity, State,			
22500/-	Victoria		Description	(If travel outside c	f Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories liste	s expose 13	Office sough		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold	ar name			
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Amount (\$)	Payee address;	City; State; Zip Code			
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PURPOSE OF EXPENDITURE	Category (See categories lis		Descriptio Office sou		e of Texas, complete Schedule T) Office held
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