Revised 09/28/2011

CANDIDA	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:		
3 CANDIDATE / OFFICEHOLDEF NAME	MS/MRS/MR FIRST Daniel	MI Jr.	OFFICE USE ONLY		
	NICKNAME	SUFFIX	Date Received		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;		JUL 2 6 2012		
OFFICEHOLDER MAILING ADDRESS		STATE; ZIP CODE	Date Hand delivered or Postmarked		
change of address	1300 Faltysek V.	utora Tx 1790	Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 574-7165	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR EIRST Frances NICKNAME LAST Careig		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #:	CITY; STATE:	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 574-7165	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 2012		
11 ELECTION	Month ELECTION DATE ELECTION TYPE Day Year Primary	Runoff	eneral Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	-		
		Countyle	mmssioner		
GO TO PAGE 2					

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(TDD 1-800-735-2989)

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

		45.4	CCOUNT # (Ethics Commission Filers)
14 C/OH NAME			
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 COMMITTEE ADDRESS	
9		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1.       TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ <u>219.36</u>
	4. TOTAL	POLITICAL EXPENDITURES	\$ 819.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 819.26 \$ 426.24 \$ 6,000
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 6,000
18 AFFIDAVIT	Josephine Sa Notary Public, Stat My Commission August 10, 20	e of Texas Expires	rmation required to be reported by
$\frac{26 \text{ th}}{26 \text{ th}}$	wp/seal above oscribed before y of <u>ury</u>	me, by the said <u>DANNY GARCIA</u> , 20 [2, , to certify which, witness my	hand and seal of office.
Signature of officer adr	uphine outh	Printed name of officer administering oath	Title of officer administering oath

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POLITICAL EXPENDITURES

Austin, Texas 78711-2070

(512) 463-5800	(TDD 1-800-735-2989)
	SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense			an Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fu	indraising Expense Tra	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dist		ontributions/Donations Made By
Event Expense	Polling Expense Travel Out Of		Candidate/Officeholder/Political Committee
Fees		ad/Rental Expense OT	THER (enter a category not listed above)
	The Instruction Guide explains how		
1 Total pages Schedule F:			3 ACCOUNT # (Ethics Commission Filers)
rotal pages conclude 1	Danny Garen	V	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name Victoria Adv	menta	
7-19-2012 6 Amount (\$)	7 Payee address; City; State; Zip Code		
	Victoria TX.	77901	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Adver fisment		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	ОН		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	)	
		Departmention (154)	revel a visida of Tavaga appropriate Cobadula Ti
PURPOSE	Category (See categories listed at the top of this schedule)	Description (intr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE			
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Pavee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		e liter e e a gint	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	1	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
	Candidata / Officabaldar nama	Office sought	Office held
Complete ONLY if direct		Once sought	Onice here
expenditure to benefit C	/ОН		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED
may ethics state ty us			Revised 09/28/20