CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			4	
The C/OF	Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDI	DATE /	MS / MRS MR FIRST		
OFFICE NAME	HOLDER		MI	OFFICE USE ONLY
I WIVIE		NICKNAME		Date Received
		LAST	SUFFIX	
		Garcia		
4 CANDIC	ATE / HOLDER	ADDRESS / PO BOX; APT / SUITE #; CI	ITY; STATE; ZIP CODE	
MAILING	3			13/2 7/3/
ADDRE		10 811 / 1/1		
	of Address	1300 Faltysek Victor	ria, 1x 77905	
5 CANDID	ATE/ HOLDER	AREA CODE PHONE NUMBER	EXTENSION	Ma Rausty.
PHONE	IOLDER	(361) 652-7057		Date Hand-delivered or Date Postmarked
6 CAMPA	GN	MS /MRS MR FIRST		
TREASI NAME	JRER	Frances	МІ	Receipt # Amount \$
NAME		NICKNAME LAST		Date Processed 2 6 2020
		Garcia	SUFFIX	Date Imaged
7 CAMPAI	GN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE #; CITY;	STATE; ZIP CODE
TREASU ADDRES	JRER SS			OTATE, ZIF CODE
(Residence o				
		1300 Faltysek Rd	Nictory TX -T-	2005
8 CAMPAI	GN		Victorial, in //	703
TREASU			EXTENSION	
PHONE		(361) 652-7057		
		_		
9 REPOR	T. T.V.D.E			-
3 KEPOK	ITPE	January 15 30th day before elec	tion Runoff	15th day after campaign
				treasurer appointment (Officeholder Only)
		July 15 8th day before election	en Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
40 DEDIOD			Reporting Limit	
10 PERIOD COVERE	D	Month Day Year	Month	Day Year
		Oct 3 2020	THROUGH Oct	76/2020
		3 2020		
11 ELECTIC	N	ELECTION DATE	ELECTION TYPE	
		Month Day Year Primary	Runoff Other Description	
		11/03/2020 Deneral	Special	
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		•		
		0 /		
		County Commissioner		
		GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	0				
	nny Garc	ia	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR SUPPORT THE CAN KNOWLEDGE OR C OF SUCH EXPENDI	S BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO PORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	,			
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 6		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300,00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 3614.50		
BALANCE	CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	# \\\ \(\) \\\ \(\) \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
18 AFFIDAVIT					
(A) 100	MACHINICS State of Tell Commission Expires	I 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		
	OTABY ID 1052634.4	Donne			
		Signature of Candi	date or Officeholder		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscrib		A CHIROCOT	, this the		
Im Alar	day of Utohu, 20 70 , to certify which, witness my hand and seal of office.				
Signature of officer adr	ministering oath	Printed name of officer administering oath	Title of officer administering oath		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to a	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Danny Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 10 - 8 - 20	5 Payee name UPS Stove	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1807.25	8806 N. Navarro	Victoria TX 77904
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing & mailings	mailort
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/22/20	UPS Store	
Amount (\$)	Payee address;	City; State; Zip Code
1807.25	8806 N. Navarro	Vidoria Tx 77404
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Printing + mailing	ma: lout
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
* 4. 5	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH

12			COVER	SHE	ET PG 3
19	FILER		20 Filer ID (Ethics Co	ommis	sion Filers)
21	SCHE	Danny Garcia Dule Subtotals			
_	NAME	OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	300,60
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	<i>F</i>
4.		SCHEDULE E: LOANS		\$	11,400
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	3614,15
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	0
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 100,00 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 100.00 ictoria IX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Joe + Kathy Garcin Contributor address; City; State; Zip Code 903 Grada Lipe Vd. Victorial X Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (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.

	LOA	NS			SCUEDUI - F	
		No4	Note: original shedule E. forms are on file @ elections office			
			Instruction Guide explains how to comple		1 Total pages Schedule E:	
2	FILER NA	AME	Danny Garcia		3 Filer ID (Ethics Commission Filers)	
4	TOTAL	OF UN	NITEMIZED LOANS	\$ 9600		
5	Date of I	oan	7 Name of lender □ out-of-state F	9 Loan Amount (\$) 9600		
6	Is lender a financia Institution		8 Lender address; City;	10 Interest rate		
40	YN)	1300 Faltysek Vic	toriaTX 77905	11 Maturity date	
12	Principal	occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description none	on of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)		
16	GUARAN INFORM/		17 Name of guarantor		19 Amount Guaranteed (\$)	
		oplicable	18 Guarantor address; City;			
20	Principal	Occupat	tion (See Instructions)	21 Employer (See Instructions)		
	Date of lo	an	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financia Institution		Lender address; City;	State; Zip Code	Interest rate	
	Y N				Maturity date	
	Principal	occupatio	on / Job title (See Instructions)	Employer (See Instructions)		
	Descriptio	n of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)	
	GUARAN INFORMA		Name of guarantor		Amount Guaranteed (\$)	
	not a	oplicable	Guarantor address; City;	State; Zip Code		
	Principal	Occupation	on (See Instructions)	Employer (See Instructions)		
		If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional rep		