



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	09/08/2015
Date Processed	
Date Imaged	

Filer name <u>Herlinda Garcia</u>	Account #
--------------------------------------	---------------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the city secretary report due on 10-6-15. I understand that this affidavit is required to be filed with *each* campaign finance report for which I am claiming an exemption from electronic filing.

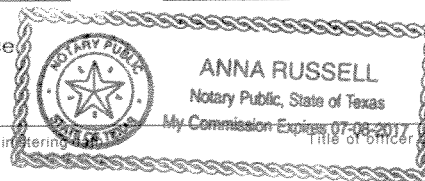
Herlinda Garcia
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by HERLINDA GARCIA this the 6th day of October

20 15 to certify which, witness my hand and seal of office

Anna Russell
Signature of officer administering oath



Print name of officer administering oath: ANNA RUSSELL

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

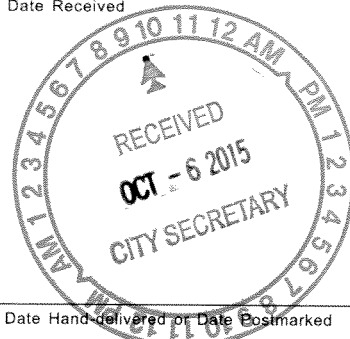
2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Herlinda
NICKNAME LAST SUFFIX
Garcia

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5214 Mulford Houston, Texas 77023

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 553-3480

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Arturo M.
NICKNAME LAST SUFFIX
Garcia

Receipt # Amount \$
Date Processed
Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5214 Mulford, Houston, Texas 77023

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 594-7470

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month / Day / Year THROUGH Month / Day / Year

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 15
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council Member,
District I

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)

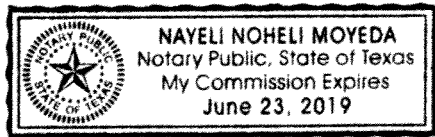
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,866.83
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,793.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,660.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Herlinda Garcia

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Herlinda Garcia, this the 5th day of October, 2015, to certify which, witness my hand and seal of office.

Nayeli Moyeda

Signature of officer administering oath

Nayeli Moyeda

Printed name of officer administering oath

Public Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Merlinda Garcia

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
8/18/15	Edelmuro Castillo <small>Contributor address; City; State; Zip Code</small> 3227 Sage Terrace Dr. Katy, TX 77450	\$ 500. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
8/18/15	Roberto Castillo <small>Contributor address; City; State; Zip Code</small> 26015 Hunter Lane Katy, TX 77494	\$ 250. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
8/18/15	Linda F. Duke <small>Contributor address; City; State; Zip Code</small> 6526 Pinehurst Houston, TX 77023	\$ 100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
8/18/15	Berta R. Flores Thomas M. Flores <small>Contributor address; City; State; Zip Code</small> 6447 Lawn dale Houston, TX 77023	\$ 50. ⁰⁰
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Heclinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Dr. Sara Gello

7 Amount of contribution (\$)

\$ 100⁰⁰

6 Contributor address;

City; State; Zip Code

2818 Stoneway
Houston, TX 77062

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

C. C. Lee

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address;

City; State; Zip Code

6601 Savoy Dr. #100
Houston, TX 77036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

C. W. Mayfield, Jr.

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City; State; Zip Code

6403 Country Club
Houston, TX 77023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

Aurora P. Martinez

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address;

City; State; Zip Code

4948 Leeland
Houston, TX 77023

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/15

5 Full name of contributor

Andres Pena

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50.⁰⁰

6 Contributor address; City; State; Zip Code

7837 1/2 Baltimore St.
Houston, TX 77012-1534

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18/15

Full name of contributor

Rosendo Ramos

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.⁰⁰

Contributor address; City; State; Zip Code

7527 Oak Vista
Houston, TX 77087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/15

Full name of contributor

Taylor Renee Wilson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.⁰⁰

Contributor address; City; State; Zip Code

5600 W 34th St.
Houston, TX 77092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/15

Full name of contributor

David B. Wilson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address; City; State; Zip Code

5600 W 34th St.
Houston, TX 77092

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Herlinda Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Merida Event Cash</i>	7 Amount of contribution (\$) <i>\$ 65.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2509 Navigation Houston, TX 77003</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/27/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Gondo</i>	Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>Glen Gondo 3123 Bonnebridge Way Blvd Houston, TX 77082</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Efren + Eutiquia Castillo, Money</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5823 GULF FREEWAY, STE. 100 HOUSTON, TX 77023</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Efren + Maria de Los Angeles Castillo, Money</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5823 Gulf Freeway Ste. 100 HOUSTON, TX 77023</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

8/29/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Andy or Kathy Lopez
6 Contributor address; City; State; Zip Code

4215 River Drive
HOUSTON, TX 77017

7 Amount of contribution (\$)

\$ 100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/15

Full name of contributor out-of-state PAC (ID#: _____)

Susan E McLeland
Ronald W McLeland
Contributor address; City; State; Zip Code

6622 Beldart St
HOUSTON, TX 77087 - 8510

Amount of contribution (\$)

\$ 25.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/15

Full name of contributor out-of-state PAC (ID#: _____)

Camilla Reyna
Contributor address; City; State; Zip Code

6906 EL Paso St.
HOUSTON, TX 77020 - 6983

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/15

Full name of contributor out-of-state PAC (ID#: _____)

MERIDA EVENT CASH
Contributor address; City; State; Zip Code

2509 Navigation
HOUSTON, TX 77003

Amount of contribution (\$)

\$ 16.⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HERLINDA GARCIA

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/15

5 Full name of contributor out-of-state PAC (ID#: _____)

DON CARLOS EVENT CASH

7 Amount of contribution (\$)

\$ 25⁰⁰

6 Contributor address; City; State; Zip Code

HOUSTON, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/15

Full name of contributor out-of-state PAC (ID#: _____)

Andres Pena

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address; City; State; Zip Code

7837 1/2 Baltimore ST.
HOUSTON, TX 77012-1534

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor out-of-state PAC (ID#: _____)

Sylvia Vega ROYSTER

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address; City; State; Zip Code

8353 Detroit St.
HOUSTON, TX 77017-3301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor out-of-state PAC (ID#: _____)

Molly Reagan Salazar

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address; City; State; Zip Code

2279 Jean
HOUSTON, TX 77023

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Herlinda Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/14/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lalo Guajardo Cash</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>HOUSTON, TX</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/16/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arevalo Insurance Agency</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
	Contributor address; City; State; Zip Code <i>7838 Highway 90A Sugarland, TX 77478</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIANA G CASTILLO</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
	Contributor address; City; State; Zip Code <i>8718 WYNDHAM VILLAGE DR HOUSTON, TX 77040</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda A. Chalfant</i>	Amount of contribution (\$) <i>\$10.00</i>
	Contributor address; City; State; Zip Code <i>2016 Golden Bay Lane League City, TX 77573</i>	
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Linda F. Duke

7 Amount of contribution (\$)

\$200⁰⁰

6 Contributor address: _____ City; State; Zip Code

6526 Pinehurst
HOUSTON, TX 77023

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/15

Full name of contributor out-of-state PAC (ID#: _____)

Xavier or Lydia S. Farias

Amount of contribution (\$)

\$50⁰⁰

Contributor address: _____ City; State; Zip Code

23012 Pampas
Spring, TX 77389

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor out-of-state PAC (ID#: _____)

CARLOS Garcia II, MARY R. Garcia

Amount of contribution (\$)

\$100⁰⁰

Contributor address: _____ City; State; Zip Code

5731 GULF FREEWAY
HOUSTON, TX 77028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor out-of-state PAC (ID#: _____)

EDMUND B GARCIA
CLAUDIA GARCIA

Amount of contribution (\$)

\$100⁰⁰

Contributor address: _____ City; State; Zip Code

2424 GREEN TEE
PEARLAND, TX 77581

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/15

5 Full name of contributor

Yolanda Navarro Flores

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.⁰⁰

6 Contributor address; City; State; Zip Code

407 Milwaukee Street
Houston, TX 77009

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/15

Full name of contributor

RICK A Garcia
Marianne Garcia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

2306 Sieber
HOUSTON, TX 77017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor

Dr. Sara Gallo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

2818 Stoneway
Houston, TX 77082

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor

Richard J. Gonzales

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

505 Bastrop #304
Houston, TX 77003

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinck Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Taylor Renee Wilson

6 Contributor address; City; State; Zip Code

*1512 W 34th ST
HOUSTON, TX 77018*

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/15

Full name of contributor

out-of-state PAC (ID#: _____)

David B Wilson

Contributor address; City; State; Zip Code

*5600 W 34th St
HOUSTON, TX 77082*

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor

out-of-state PAC (ID#: _____)

Alberto Zentuche Marbella Event

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor

out-of-state PAC (ID#: _____)

Frank Camarero

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

9/03/15

5 Full name of contributor out-of-state PAC (ID#: _____)

MARBELLA EVENT CASL

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77011

7 Amount of contribution (\$)

= 82⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/20/15

Full name of contributor out-of-state PAC (ID#: _____)

Edward Banks

Contributor address; City; State; Zip Code

3306 Beulah
HOUSTON, TX 77004

Amount of contribution (\$)

\$ 25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/15

Full name of contributor out-of-state PAC (ID#: _____)

RICHARD V. ADKINS

Contributor address; City; State; Zip Code

P.O. Box 541717
HOUSTON, TX 77254

Amount of contribution (\$)

\$ 300⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/15

Full name of contributor out-of-state PAC (ID#: _____)

PARKVIEW Medical Associates, P.A.

Contributor address; City; State; Zip Code

6710 Capitol St.
HOUSTON, TX 77011

Amount of contribution (\$)

\$ 200⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Herlinda Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/24/15

Flores Auto Storage & Salvage

\$100⁰⁰

6 Contributor address; City; State; Zip Code
7413 NAVIGATION
HOUSTON, TX 77011-1721

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/24/15

ARTURO M. OR Herlinda Garcia

\$2000⁰⁰

Contributor address; City; State; Zip Code

5214 Mulford
HOUSTON TX 77023

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

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

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.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mrs. Herlinda Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 08.13.15	5 Payee name Xiomara Guerra
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation / fundraising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08.13.15	Payee name Cynthia Ducommun
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Amount (\$) 135.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation / fundraising expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08.22.15	Payee name Aurora Martinez
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Amount (\$) 198.07	Payee address; City; State; Zip Code 4948 Leeland, Houston, Texas 77023
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expenses	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mrs. Herlinda Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08.22.15</i>	5 Payee name <i>Aurora Martinez</i>	
6 Amount (\$) <i>300.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>4948 Leeland, Houston, Texas 77023</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expenses</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <i>08.22.15</i>	Payee name <i>Xyomara Buerra</i>	
Amount (\$) <i>50.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / fundraising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 <i>08.24.15</i>	Payee name <i>XYZ</i>	
Amount (\$) <i>1,270.²⁷</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / fundraising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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: _____	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mrs. Herlind Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08.25.15</i>	5 Payee name <i>Xiomara Guerra</i>	
6 Amount (\$) <i>50.⁰⁰</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>08.29.15</i>	Payee name <i>Kim mayes</i>	
Amount (\$) <i>75.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
Date <i>08.31.15</i>	Payee name <i>Xiomara Guerra</i>	
Amount (\$) <i>100.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Mrs. Herlinda Garcia</i>		3 Filer ID (Ethics Commission Filers)				
4 Date <i>08.31.15</i>		5 Payee name <i>Aurora Martinez</i>						
6 Amount (\$) <i>100.⁰⁰</i>		7 Payee address; City; State; Zip Code <i>4948 Leeland, Houston, Texas 77023</i>						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expenses</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date <i>08.31.15</i>		Payee name <i>Office Depot</i>						
Amount (\$) <i>255.⁴⁴</i>		Payee address; City; State; Zip Code <i>4888 Gulf Freeway, Suite 0800, Houston, Texas 77087</i>						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date <i>09.03.15</i>		Payee name <i>W.R. Morris</i>						
Amount (\$) <i>300.⁰⁰</i>		Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mrs. Herlinda Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08.29.15</i>	5 Payee name <i>Merida</i>	
6 Amount (\$) <i>1051.⁴²</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>09.09.15</i>	Payee name <i>Manuel Barrera</i>	
Amount (\$) <i>2,500.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
Date <i>09.15.15</i>	Payee name <i>Manuel Barrera</i>	
Amount (\$) <i>1,000.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mrs. Herlinda Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 09.20.15	5 Payee name Dorothy Olmos
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6 Amount (\$) 254. ⁰⁰	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation / Fundraising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09.20.15	Payee name Diane Olmos Guzman
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Amount (\$) 300. ⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation / Fundraising expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09.20.15	Payee name Lynda Booker
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Amount (\$) 100. ⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation / Fundraising expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mrs. Herlinda Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 09.21.15	5 Payee name Sprint 2 print
---------------------------	---------------------------------------

6 Amount (\$) 598. ⁰⁸	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/ fundraising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09.23.15	Payee name Karen Martinez
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Amount (\$) 350. ⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED