CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMIL AIGHT INVALUE RELIGION						
The C/OH Instruction	n Guide explains how to com	plete this form	1 Filer ID(Eth	hics Commiss	sion filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFIC	E USE ONLY
OFFICEHOLDER	Mrs.	Herlinda		Da	ate Received	
NAME	NICKNAME	LAST	SUFFIX		10/23/2015	
		Garcia				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY	; STATE; ZIP C	CODE		
OFFICEHOLDER	5214 Mulford					
MAILING				Da	ite Hand-delivered	l or Date Postmarked
ADDRESS	Houston TX 77023					
Change of address	ADEA CODE	DUONE NUMBER	EVENDION			
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	713-553-3480					
PHONE	MS/MRS/MR	FIRST	MI			T
6 CAMPAIGN	INIS/INIKS/INIK	FIRST	MI	_	eceipt #	Amount
TREASURER	Mr	Arturo	M	Da	ate Processed	
NAME	NICKNAME	LAST	SUFFIX	Da	ate Imaged	
		Garcia				
7 CAMPAIGN	STREET ADDRESS (No PO Box Plea	se);	APT/SUITE #;	CIT	Y; STATE;	ZIP CODE
TREASURER						
ADDRESS						
(5214 Mulford)	Houston TX 77023					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE						
9 REPORT TYPE	January 15 30th day be	fore election Fina	al repport (Attach C/OH	I-FR) Exc	ceeded \$500 limit	
9 KEPOKI TIFE	July 15 X 8th day befo	ore election Rur	noff	15tl	h day after campaign tre	easurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month Da	y Year
COVERED	9/25/2015	5	THROUGH		10/26/	/2015
11 ELECTION	ELECTION DATE	ELECTION	N TYPE			
	Month Day Year					П
	11/3/2015	Primary	Rui	noff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OF	FFICE SOUGHT (if known)	
	City Council - District I					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Herlin	da Garcia		15 Filer ID (Eth	nics Commission Filers)
	expenditures may have	f political contributions accepted or political expend been made without the candidate's or officeholder receive notice of such expenditures.		
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL COMMITTEE(S)	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRE	ess	
17 CONTRIBUTION	4 TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LE	SS (OTHER THAN	1
17 CONTRIBUTION TOTALS		NS, OR GUARANTEES OF LOANS),		\$0.00
	_	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	\$6,120.00
EXPENDITURE FOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LE	SS, UNLESS ITEMIZED	\$0.00
	4 TOTAL POLITIC	CAL EXPENDITURES		\$8,169.63
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED A PERIOD	AS OF THE LAST DAY	\$3,215.19
OUTSTANDING LOAN FOTALS		PAL AMOUNT OF ALL OUTSTANDING HE REPORTING PERIOD	G LOANS AS OF THE	\$
18 AFFIDAVIT				I
		report is		perjury, that the accompanying des all information required to be ction Code.
			Herli	nda Garcia
			Signature of Car	ndidate or Officeholder
AFFIX NOT STAMP / SE Sworn to and subscribed		d	, this th	neday
		, to certify which, witness		
Signature of officer admi	nistering oath	Print name of officer administe	ring oath Title	e of officer administering oath

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Herlinda Garcia 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 6,120.00 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. 2,523.45 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. SCHEDULE E: LOANS 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 8,169.63 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 12.

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH ADDENDUM

C/OH NAME Herlinda Garcia

ACCOUNT # (Ethics Commission filers)

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.

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The					1 Total Pages Schedule A1:
2 F					3 Filer ID (Ethics Commission filers)
4 Date		5 Full name of contributor Flores Auto Storage			7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code	\$100.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Cash Donation	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77023	\$220.00
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Cervantes & Cervantes	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77017	\$500.00
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Joe A. Garcia	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77047	\$200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1	
Th	he Instruction Guide explains how to complete this form.				1 Total Pages Schedule A1:	
2 F	FILER NAME	Herlinda Garcia			3 Filer ID (Ethics Commission filers)	
		Thomas Telle	1		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/5/2015		Houston	TX 77019	2,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Richard J Gonzalez			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/3/2015		Houston	TX 77003	200.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Valentin Vial	_		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/19/2015		Houston	TX 77019	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor	out of state	PAC/ID# \	T	
4	Date	Valentin Vial	Out of state	1 AO(ID#)	7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/19/2015		Houston	TX 77019	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Itions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Sylvia Munoz	Ш		7 Amount of contributions (\$)	

MONETAR	RY POLITICAL CONTR	SCHEDULE A		
The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Herlinda Garcia			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	-
10/21/2015		Houston	TX 77007	500.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Mohamad Irfan			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
10/20/2015		Katy	TX 77494	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Cash Donation			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/22/2015		Houston	TX 77023	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Maria A. Lara			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/21/2015		Houston	TX 77023	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

M	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A	
Th	The Instruction Guide explains how to complete this form.					1 To	otal Pages Schedule A1:
2 F	TILER NAME	Herlinda Garcia				3 Filer I	D (Ethics Commission filers)
4	Date	5 Full name of contributor Camila Reyna	out of state	e PAC(ID#)		7	Amount of contributions (\$)
	10/5/2015	6 Contributor address;	City; Houston	State; TX 7702	Zip Code		50.00
8	Principal oc	ccupation / Job title (See Instructions)			er (See Instruc	·	
		ATTACH ADDITIO	NAL COPIES	S OF THIS	SCHEDUL	E AS N	EEDED
		If contributor is out-of-state PAC	, please see in	struction gu	ide for additio	nal repo	rting requirements

CONTRIB The Instruction		to this form		1	Total Pages Scl	hadula A2:
The instruction	The Instruction Guide explains how to complete this form.				Total Pages Sci	nedule AZ.
2 FILER NAME Herlinda Garcia				3 Fi	iler ID (Ethics Commi	ssion filers)
4 TOTAL OF U	JNITEMIZED IN-KIND POLITIC	AL CONTRIBU	TIONS	\$2,	523.45	
5 Date	6 Full name of contributor	out of state	PAC(ID#)			
	Julio DelCarpio			8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code	-		
9/21/2015		Houston	TX 77032		1900.00	Banquet Hall Rental Fee
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal o	ccupation / Job title (See Instructions)		11 Employer (See Instru	uction	s)	
5 Date	6 Full name of contributor	out of state	PAC(ID#)			
	William Treneer			8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code	-		
		Houston	TX 77024		500.00	Videos
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal o	ccupation / Job title (See Instructions)		11 Employer (See Instru	uction	us)	
5 Date	6 Full name of contributor	out of state	PAC(ID#)	1		
J 24.0	Larry Hicks		1710(1211)	8	Amount of	9 In-Kind contribution
					contributions (\$)	description
	7 Contributor address;	City;	State; Zip Code	-		
10/21/2015		Houston	TX 777234		123.45	Telephone Calls
					Check if travel outsi Schedule T	ide of Texas, complete
10 Principal o	occupation / Job title (See Instructions)		11 Employer (See Instru	uction	is)	
	ATTACH ADDITION	ONAL COPIES	OF THIS SCHEDUL	E A	S NEEDED	
	If contributor is out-of-state PA	C nlease see ins	struction quide for addition	nal r	enorting requiremen	nts

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Herlinda Garcia	a	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
9/25/2015	Manuel Barrera					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
3500	P. O. Box 710597					
	Houston TX 77271					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Printing Expense	Mailers				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			
	Herlinda Garcia	City Council - District I				
4 Date	5 Payee name					
9/26/2015	Xyomara Guerra					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100	Leeland					
	Houston TX 77023					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Fees	Data input				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			
	Herlinda Garcia	City Council - District I				
4 Date	5 Payee name					
9/29/2015	XYZ Signs					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
63.87	1021 Aldine Bender Rd.					
	Houston TX 77032	1				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Herlinda Garcia Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Printing Expense** Signs 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Herlinda Garcia City Council - District I 4 Date 5 Payee name 10/3/2015 WR Morris 7 Payee address; 6 Amount (\$) Zip Code City; State; 11147 W. Ferndale Place Dr. 100 Houston TX 77064 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Special Event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

City Council - District I

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Herlinda Garcia	a	3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name						
10/2/2015	Art's Printing						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
324.75	3331 Wuthering						
	Houston TX 77045						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Tex	xas, complete Schedule T				
		Check if Austin, TX, officeho	lder living expense				
	Printing Expense	Signs					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held				
expendituree to benefit C/OH	Heal's de Oess's	Otto Occase! District					
	Herlinda Garcia	City Council - District I					
4 Date	5 Payee name						
10/3/2015	Dorothy Olmos						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
100	5222 Claremont						
	Houston TX 77223						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Tex	xas, complete Schedule T				
		Check if Austin, TX, officeho	lder living expense				
	Event Expense	Special Event					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held				
experiancies to benefit 6/611	Herlinda Garcia	City Council - District I					
	Tieriirida Garcia	City Courier - District 1					
4 Date	5 Payee name						
10/8/2015	Art's Printing						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
200	3331 Wuthering						
	Houston TX 77064						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Herlinda Garcia Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Printing Expense** Signs 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Herlinda Garcia City Council - District I 4 Date 5 Payee name 10/9/2015 Art's Printing 7 Payee address; 6 Amount (\$) Zip Code City; State; 111.85 3331 Wuthering Houston TX 77064 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Signs **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

City Council - District I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Herlinda Garci	·	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name		,			
10/12/2015	Dorothy Olmos					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
		State, Zip Code				
250	5222 Claremont					
	Houston TX 77223	1				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	as, complete Schedule T			
		Check if Austin, TX, officehol	der living expense			
	Event Expense	Special Event				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held			
	Herlinda Garcia	City Council - District I				
	Trominac Sarola	City Council Biothory				
4 Date	5 Payee name					
10/14/2015	Art's Printing					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
200	3331 Wuthering					
	Houston TX 77045					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	as, complete Schedule T			
		Check if Austin, TX, officehol	der living expense			
	Printing Expense	Signs				
	3 1					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	ice held			
expendituree to benefit C/OH						
	Herlinda Garcia	City Council - District I				
4 Date	5 Payee name					
10/14/2015	Manuel Barrera					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
1700	P. O. Box 710597					
	Houston TX 77271					
8 PURPOSE OF EXPENDITURE		(b) Description				
i	1, ,	1, ,				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Herlinda Garcia Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Mailers **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Herlinda Garcia City Council - District I 4 Date 5 Payee name 10/15/2015 Gabriela Yanez 7 Payee address; 6 Amount (\$) City; Zip Code State; 100 6632 Harrisburg Houston TX 77011 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Special Event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

City Council - District I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Herlinda Garci	a s	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
10/15/2015	Morgan Yanez					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100	6632 Harrisburg					
	Houston TX 77011					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	cas, complete Schedule T			
		Check if Austin, TX, officehol	lder living expense			
	Event Expense	Special Event				
	,					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	fice held			
expendituree to benefit C/OH						
	Herlinda Garcia	City Council - District I				
4 Date	5 Payee name					
10/17/2015	Bertha Rodriguez					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100	2402 San Jacinto					
	Pasadena TX 7752					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	kas, complete Schedule T			
		Check if Austin, TX, officehol	lder living expense			
	Event Expense	Special Event				
		,				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	fice held			
expendituree to benefit C/OH						
	Herlinda Garcia	City Council - District I				
4 Date	5 Payee name					
10/17/2015	Hilaria Peralez					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100	6717 Ave. V St.					
	Houston TX 77011					
8 PURPOSE OF EXPENDITURE		(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Herlinda Garcia Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Special Event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Herlinda Garcia City Council - District I 4 Date 5 Payee name 10/2/2015 Art's Printing 7 Payee address; 6 Amount (\$) Zip Code City; State; 100.00 3331 Wuthering Houston TX 77064 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Signs **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

City Council - District I

POLITICAL EXPEN			SCHEDULE F1					
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	² FILER NAME Herlinda Gai	·cia	3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name							
10/21/2015	XYZ Signs							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
919.16	1021 Aldine Bender Rd.							
	Houston TX 77032							
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeh Signs						
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Herlinda Garcia	office sought c	ffice held					
4 Date	5 Payee name							
10/23/2015	Morgan Yanez							
6 Amount (\$) 100.00	7 Payee address; City; 6632 Harrisburg Houston TX 77023	State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Technology Check if Austin, TX, officehology Special Event	•					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	· ·	ffice held					
	Herlinda Garcia	City Council - District I						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 3 FilerID (Ethics Commission filers) 1 Total Pages Schedule G: ² FILER NAME Herlinda Garcia 4 Date 5 Payee name 7/27/2015 Herlinda Garcia 6 Amount (\$) 7 Payee Address: City; State: Zip Code 1.415.05 77023 Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Loan Repayment/Reimbursement Campaign Expenditures **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Herlinda Garcia City Council - District 4 Date 5 Payee name 7/30/2015 Herlinda Garcia 7 Payee Address; 6 Amount (\$) City; State: Zip Code 1,500.00 77023 Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Loan Repayment/Reimbursement Campaign Expenditures **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Herlinda Garcia City Council - District 4 Date 5 Pavee name 8/6/2015 Herlinda Garcia 7 Payee Address; 6 Amount (\$) City; State; Zip Code 500.00 77023 Reimbursement from political contributions intended

POLITICAL EXPENDITURES			SCHEDULE G	
	MADE FROM PERSONAL FUNDS			
	The Instruction Guide explains how to complete this form.			
1	Total Pages Schedule G:	² FILER NAME Herlinda Garcia	3 FilerID (Ethics Commission filers)	
8		(a) Category	(b) Description	
	PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Campaign Expenditures	
			Check if travel outside of Texas, complete Schedule T	
			Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
		Herlinda Garcia	City Council - District	
4	Date	5 Payee name		
	8/13/2015	Herlinda Garcia		
6	Amount (\$)	7 Payee Address;	City; State; Zip Code	
	500.00		77023	
	Reimbursement from			
	political contributions			
	intended			
8		(a) Category	(b) Description	
	PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Campaign Expenditures	
			Check if travel outside of Texas, complete Schedule T	
			Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
		Herlinda Garcia	City Council - District	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED