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 _Daniel_ NICKNAME LAST SUFFIX _Danny_ _Garcia_	**OFFICE USE ONLY** Date Received JAN 1 3 2016

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

1300 Faltysek Victoria Tx 77905

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

_(361) 652-7057_

Date Hand-delivered or Date Postmarked

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI
Frances
NICKNAME   LAST   SUFFIX
Garcia

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

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

1300 Faltysek Victoria Tx 77905

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

_(361) 652-7057_

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
01 / 15 / 2016

11 ELECTION

ELECTION DATE
Month   Day   Year
03 / 01 / 2016

ELECTION TYPE
☑ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
Daniel Garcia	

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
	☐ GENERAL	
	☐ SPECIFIC	COMMITTEE ADDRESS
		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	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 1561.73
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1561.73
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,930.18
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 9,600

18 AFFIDAVIT

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.

KAY L. POSEY
COMMISSION EXPIRES
March 17, 2017
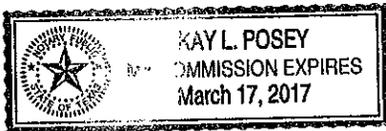
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___Daniel Garcia___, this the ___13th___ day of ___January___, 20 __16__, to certify which, witness my hand and seal of office.

Kay L. Posey	Kay L. Posey	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME

Daniel Garcia

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

		NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐	SCHEDULE E: LOANS	$ 9600
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1561.73
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 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 CONTRIBUTIONS RETURNED TO FILER	$ 0

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME _Daniel Garcia_	3 Filer ID (Ethics Commission Filers)

4 Date _1/11 – 16_	5 Payee name _Build-a-sign_

6 Amount ($) _151.65_ ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code _Round Rock Tx. 115254 Stone hollow a 78758_

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) _Advertising_	(b) Description ☐ 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 _Daniel Garcia_	Office sought	Office held _County Commissioner_

Date _12-16-15_	Payee name _Majic 95 Radio station_

Amount ($) _125.00_ ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code _2001 E. Sabine St. Victoria TX. 77901_

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) _Advertising_	(b) 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

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daniel Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 9-24-15	5 Payee name Revista de Victoria	
6 Amount ($) 162.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2001 E. Sabine St. Victoria TX 77901	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description ☐ 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

Date 12-22-15	Payee name Build-a-sign		
Amount ($) 626.37 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code Build-a-sign @ RoundRock, TX. 11525 Stonehollow 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	(b) 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 Daniel Garcia	Office sought	Office held County Commissioner

Date	Payee name Build-a-sign		
Amount ($) 496.71 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code Round Rock TX 11525A Stonehollow 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	(b) 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 Daniel Garcia	Office sought	Office held County Commissioner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

1 Total pages Schedule E:

2 FILER NAME
Daniel Garcia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$ 9.600

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
	Frances Garcia	6,000

6 Is lender a financial Institution?
Y Ⓝ

8 Lender address;　City;　State;　Zip Code

1300 Faltysek

10 Interest rate
0

11 Maturity date
0

12 Principal occupation / Job title (See Instructions)
retired

13 Employer (See Instructions)

14 Description of Collateral
☑ none

15 Check if personal funds were deposited into political account (See Instructions)
☐

16 GUARANTOR INFORMATION

☐ not applicable

17 Name of guarantor

18 Guarantor address;　City;　State;　Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
12-1-15	Frances Garcia	3600

Is lender a financial Institution?
Y Ⓝ

Lender address;　City;　State;　Zip Code

1300 Faltysek Victoria TX 77905

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☑ none

Check if personal funds were deposited into political account (See Instructions)
☐

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address;　City;　State;　Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.