

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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 / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST	MI
	<u>Danny</u> NICKNAME	<u>Daniel</u> LAST	<u>Jr.</u> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<u>1300 Faltysek Victoria TX 77905</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(361)</u>	<u>574-7165</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		<u>Frances</u> LAST	<u>C</u> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>1300 Faltysek Victoria TX 77905</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(361)</u>	<u>574 - 7165</u>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<u>08</u>	<u>01</u>	<u>2012</u>
11 ELECTION	Month	Day	Year
	<u>11</u>	<u>06</u>	<u>2012</u>
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			<u>County Commissioner Pat.1</u>

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 4

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3809.60

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 269.88

4. TOTAL POLITICAL EXPENDITURES

\$ 4705.69

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3732.13

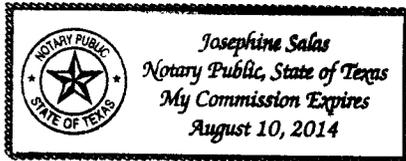
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,000

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.



*Daniel Garcia*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DANIEL GARCIA, this the 5th day of October, 2012, to certify which, witness my hand and seal of office.

*Josephine Salas*  
Signature of officer administering oath

Josephine Salas  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Danny Garcia* *M/A*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*9/23/12*

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

*Campaign Fundraiser*

7 Amount of contribution (\$)

*3359.60*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*\$ Total expenses = 7154.70 - 3795.10*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*9/17/12*

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

*Ajay Gaalla*

Amount of contribution (\$)

*250.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2104 Patterson Dr, Victoria TX 77901*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*Aug 3 2012*

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

*John Smajstrla*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*225 Pickering Rd, Victoria, Tx, 77901*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*July 27 2012*

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

*John Gibbs*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1234 Brownson Rd, Victoria TX 77901*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Danny Garcia	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/20/12	<b>5</b> Payee name Sam's Club
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<b>6</b> Amount (\$) 339.74	<b>7</b> Payee address; City; State; Zip Code 9202 N. Navarro Victoria TX, 77904
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense (Fundraiser)	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/2012	Payee name H.E.B.
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Amount (\$) 379.48	Payee address; City; State; Zip Code 6106 N. Navarro Victoria TX 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense (Fundraiser)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/12	Payee name Academy Sports + Outdoors
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Amount (\$) 151.53	Payee address; City; State; Zip Code 8903 N. Navarro Victoria TX 77904
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense (Fundraiser)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/12	Payee name Mumphord's BBQ
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Amount (\$) 2,924.35	Payee address; City; State; Zip Code 1202 E. Juan Linn St. Victoria TX 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense (Fundraiser)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Danny Garcia</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>09/30/12</i>	5 Payee name <i>Alex Luna</i>
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6 Amount (\$) <i>205.00</i>	7 Payee address; City; State; Zip Code <i>503 Ivanhoe Victoria TX. 77901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Benefit (Purchase Auction items)</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/23/12</i>	Payee name <i>Build a sign</i>
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Amount (\$) <i>500.59</i>	Payee address; City; State; Zip Code <i>Round Rock TX. 11525 Stonehollow Dr. 78758</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense (Signs)</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/30/12</i>	Payee name <i>Bloomington San Jose Cemetery Committee</i>
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Amount (\$) <i>205.00</i>	Payee address; City; State; Zip Code <i>Black Bayou Rd #1 Bloomington TX 77951</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising (Donation of items from Alex Luna's Benefit) for Auction</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraiser</i>
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Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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