## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

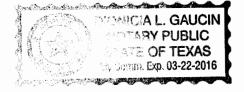
#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	hics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME EIRST	MI 	OFFICE USE ONLY Date Received 2016 FEB
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE		ATE; ZIP CODE	Date Received 2016 FEB 26 AM IO: OCH TY FRANK PHILLIPS ADMINISTRATION Date Hand-degreed or Ofe Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	MI SUFFIX	Receipt #     Amount \$       Date Processed
<ul> <li>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</li> <li>8 CAMPAIGN TREASURER PHONE</li> </ul>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CIT	Y; STATE;	ZIP CODE
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 limit	<ul> <li>15th day after campaign treasurer appointment (Officeholder Only)</li> <li>Final Report (Attach C/OH - FR)</li> </ul>
10 PERIOD COVERED	Month Day Year CS 22 2016 THROUGH	DZ	Day Year 20 / 2016
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff O3/01/2016 General Special	ELECTION TYPE	· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any) Tonant County Constant Picant 5	FICE SOUGHT (if known	)
	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)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	TARRA 1016 FEB
		COMMITTEE ADDRESS	AT O
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	D DUHIY AM IO: DO
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$\$248.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,073.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,939.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		s 9,607
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	* \$ <b>4</b> 489 <u>°</u>
18 AFFIDAVIT		l swear, or affirm, under penalty of pe	rjury, that the accompanying report is



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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ruben Garcia

, this the

 $\Gamma(D)$ to certify which, witness my hand and seal of office. day of Jaurin UCIA-

Signature of officer administering oath

чнан. <del>т</del>

AFFIX NOTARY STAMP / SEALABOVE

Printed name of officer administering oath

## SUBTOTALS - C/OH

### FORM C/OH **COVER SHEET PG 3**

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19	FILER NAME 20 Filer ID (Ethics Co		nics Con	nmissi	ion Fi	lers)	
21		JLE SUBTOTALS F SCHEDULE	ВҰ	FLE	1		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			FR\$	B	B3 10
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		5 70 10	\$	8\$S	60 <b>-</b> °°
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		SIX!	PIP	AM	
4.		SCHEDULE E: LOANS		T AN	55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	00:00	A 1 N
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS		\$	7,0	93959
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTION	s	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	1DS		\$	51.	50
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF	с/он	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS		\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS		\$	-	

11 11 **T** 

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

· · · · · · · · · · · · · · · · · · ·		1 Total pages Schedule A1:
The	e Instruction Guide explains how to complete this form.	· Ivial pages Scheudle AT:
2 FILER NAME	Ruben Gurria	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/16	5 Full name of contributor Dut-of-state PAC (ID#: JOSON J MITH 6 Contributor address; City; State; Zip Code 2257 Willege AVE Ford Worth TX 74110	7 Amount of contribution (\$) 7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions) <b>9</b> Employer (See Inst	
Date 12616	Full name of contributor          Out-of-state PAC (ID#:	Amount of contribution $($)$
Principal occu	apation / Job title (See Instructions) Employer (See Ins	tructions)
Date [26]16	Full name of contributor          D out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor Celici Actron Contributor address; City; State; Zip Code 4801 Barberry Dr Fort With To 76133	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Ins	structions)
		· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for additi	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME RUDEN GARDA	3 Filer ID (Ethics Commission Filers)		
4 Date       5 Full name of contributor       ] out-of-state PAC (ID#:)         1/24/14       SCHOMA SQUMAS         6 Contributor address;       City; State; Zip Code         1/409       Terminal Rd Furthworth To 1/1116	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Date       Full name of contributor       I out-of-state PAC (ID#:)         J24/16       Samantha DumingUs2         Contributor address;       City; State; Zip Code         3809       Winfield RD       Further To 76109         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Amount of contract		
Date       Full name of contributor <sup>O</sup> out-of-state PAC (ID#:) <sup>O</sup>	Amount of contribution (\$)		
Date Full name of contributor address; City; State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONE	TARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	<b>1</b> Total pa	ges Schedule A1:
2 FILER NAME	Puben fiarcia	3 Filer ID	(Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount	t of contribution (\$)
1/27/16	MONNY White 6 Contributor address; City; State; Zip Code 1904 Velardeld Fort Worth Fexas 76131	252	<i>76</i>
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amoun	t of contribution (\$)
1/1/16	Mattennguez Contributor address; City; State; Zip Code 1645 Fagan Rd Fort Worth Texas 26131	<b>C</b> 5	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor          Out-of-state PAC (ID#:)         Schold FOL GLANGER         City; State; Zip Code         U200 Persburg Ave Fontworth Texas 2 Lulle	Amour LS	TARRANT CO FRANK PHILI FRANK PHILI FRANK PHILI
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)	HIO: O
Date	Full name of contributor Jeff Whitfield Contributor address; State; Zip Code SLU Meadow Oaks Dr Halfom City Topas 74117	Amou 250	t of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)	· · ·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona		equirements.
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ця. Vuben fiarcia 4 Date out-of-state PAC (ID#:\_\_\_\_\_ 7 Amount of contribution (\$) Full name of contributor Cealia & Saenz Contributor address; City; State; Zip Code 40.00 1860 - anand Hove FOALVORTH TX 76169 Principal occupation / Job title (See Instructio 8 Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 12716 Contributor addres City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 26 Amount a sontriles on Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ City; State; Zip Code 50 GIRDer AIR Fort Worth To 76164 10,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) State; Zip Code City; 41.00 575 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. سارانه سفحفم مماطفة الالالات

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to com	plete this form. 1 Total pages Schedule A1:		
2 FILER NAME Auben Garaja	<b>3</b> Filer ID (Ethics Commission Filers	5)	
4 Date 5 Full name of contributor	of-state PAC (ID#:) 7 Amount of contribution (\$)		
12714 TUNY MARTINEZ. 6 Contributor address; Cit			
2525 Moore Forth	ORT TO TELOL		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	1	
Hall Pauletta Generales	ol-state PAC (ID#:) Amount of contribution (\$) A		
1000 Altamont Or 1	TOANGAN TO TUDE		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor aut- [[22][Ub Dah Villegas Contributor address; Cit	of-state PAC (ID#:) Amount of contribution (\$) y; State; Zip Code		
1330 leth Adve Fort	Worth The The The The The The The The The Th		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
	of-state PAC (ID#:) Amount of contribution (\$)		
1/17/14 USE Elizendo	y; State; Zip Code		
3 lille St Louis Forth	JOAN TO 26110		
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.			

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Luben Aarcia	3 Filer ID (Ethics Commission Filers)
4 Date	<ul> <li>5 Full name of contributor [] out-of-state PAC (ID#:)</li> <li>KAHNERN ZUHINDEN</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	7 Amount of contribution (\$)
8 Principal occu	8328       Cutter Hill are For North To 7007         pation / Job title (See Instructions)       9 Employer (See Instructions)	10.90 FRANK
Date	Full name of contributor       I out-of-state PAC (ID#:)         SANGLY       RUSSell         Contributor address;       City; State; Zip Code	Amount of agtiribution (SCOUNTY Amount of agtiribution (SCOUNTY STRATOR
Principal occup	D336 TAMMANON THE FUA WOAR TO 26140 Dation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor       I out-of-state PAC (ID#:)         UQA       NUYONJO         Centributor address;       City; State; Zip Code         SUU       AUDATONE       TOTAL TO TUBL         pation / Job title (See Instructions)       Employer (See Instructions)	Amount of contribution (\$)
Date	Full name of contributor Dout-of-state PAC (ID#:) MANY C Hernandcz Contributor address; City; State; Zip Code	Amount of contribution (\$) $(0, 0)$
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Luben Garcia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1/22/16	Norma Laraa Upez 6 Contributor address; City; State; Zip Code 5350 Fossil (Noek Blind apt 05 For Hubrith To	50.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
1/27/16	Contributor address; City; State; Zip Code 3829 Dexter Alle FORWORTh The 76W	TARRAN 2016 FEB 2 LECTIONS
Principal occu	pation / Job title (See Instructions)	
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount Amount (\$)
Principal occu	Contributor addless; City; State; Zip Code <u>3911</u> PotoMac AUP FOAWOAh TX 1007 pation / Job title (See Instructions) Employer (See Instructions)	50.00 tions)
Date	Full name of contributor          □ out-of-state PAC (ID#:)          AMMEHE 30+0          □ contributor address;         City; State; Zip Code	Amount of contribution (\$)
1.0 40	4749 Bracken Or Fort Worth TP 74131	50.00
Principal occu	apation / Job title (See Instructions) Émployer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	
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MONE <sup>-</sup>	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	2 Uben Garcia	3 Filer ID (Ethics Commission Filers)	
8 Principal occu	5 Full name of contributor JOSE A ROMERC 6 Contributor address; City; State; Zip Code 250 Mitchen FW DY 76/05 pation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 1/27/16	Full name of contributor       Image: Out-of-state PAC (ID#:	TARRANT SG FECTIONS AC	
Date 127/16 Principal occur P MQ IV	Full name of contributor       Image: Out-of-state PAC (ID#:	Amount of Amount (\$)	
Date 727/16	Full name of contributor Dout-of-state PAC (ID#: SAN JUAN BECCIPA Contributor address; City; State; Zip Code 532-8 WENHWOAH FAW TXO 76/32	Amount of contribution $($)$ 50 $\frac{60}{5}$	
Principal occur	pation / Job title (See Instructions) Employer (See Instr	uctions)	
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 RUBEN Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/27/16 EVELVN RUBIO 6 Contributor address; City; State; Zip Code 2006 Pearl Ave FTW TX F6/64	500
2006 Pearl Ave FTW TX 76164	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	TA 2016 BY:
Date       Full name of contributor       I out-of-state PAC (ID#:)         1/27/16       JENNIFER CREI         Contributor address;       City; State; Zip Code         2939 Crockett 210       APT FTW TW F6/07         Principal occupation / Job title (See Instructions)       Employer (See Instruct	Amount of contribution (SANT COUNTY Amount of contribution (SANT COUNTY Amount of contribution (SANT COUNTY INNISTRATOR
Date Full name of contributor out-of-state PAC (ID#:) 1/27/16 ANTONIO MONTHACZ Contributor address; APT City; State; Zip Code 3248 W 74 433 FTW DX 76/06	Amount of contribution (\$) $50 \frac{90}{50}$
Principal occupation / Job title (See Instructions) Employer (See Instruct FUTSD	ions)
Date Full name of contributor out-of-state PAC (ID#:) 1/27/16 Reinaldo AcSas Contributor address; City; State; Zip Code P.O. Box 1481 FTW TX 76101	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Ruben Galcia	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor $\Box$ out-of-state PAC (ID#:) 1/27/16 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) Cauty Countissioner 9 Employer (See Instructions) 1000			
Date     Full name of contributor     I out-of-state PAC (ID#:)       1/27/16     Lyww JohnSch       Contributor address;     City; State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) 1/28/16 James AUSTIN Contributor address; City; State; Zip Code \$240) ScoTTAX FTU TX 76/03	Amount of STRATOR 01		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date     Full name of contributor     out-of-state PAC (ID#:)       1/28/16     Yolanda OUEVas     City; State; Zip Code       1/28/16     Contributor address;     Employer (See Instructions)	Amount of contribution (\$) $250 - \frac{26}{250}$		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
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 A	11
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The Instruction Guide explains how to complete this t	form. 1 Total pages Schedule A1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
120bin Garcia			
4 Date 5 Full name of contributor Out-of-state PAC (	ID#:) 7 Amount of contribution (\$)		
2/5/16 SUSan SMith 6 Contributor address; City; State; 7736 FM 428 Renter 7 8 Principal occupation / Job title (See Instructions)	$z_{ip Code}$ 500 $\frac{o \omega}{c}$		
7736 FM 428 Penjon 7	Nº 76208		
8 Principal occupation / Job title (See Instructions)			
Self CMPloyed			
Date Full name of contributor 🗍 out-of-state PAC (			
2/8/16 Linebarger 1/Associates Contributor address; City; State;	Zip Code 1000 TRATE		
PO Box 17428 AUSTIN TO	Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Atterneys			
	(ID#:) Amount of contribution (\$)		
2/a/16 OUT law Home Contributor address; City; State;	Zip Code 250 00		
204 WCentral FTWTX	76164		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor Out-of-state PAC	(ID#:) Amount of contribution (\$)		
	Zip Code 25		
725 Woodlam FTW TX	FULD		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Principal occupation / Job title (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.			

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Ruben Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of agentribution (\$)	
2/10/16	STEVE MURRIN 6 Contributor address; City; State; Zip Code 500 NE 23 <sup>RS</sup> FW TX 76/06	25 25 25 25 25 25 25 25 25 25 25 25 25 2	
0		5 TE	
	Pation / Job title (See Instructions)  9 Employer (See Instructions)	tions) MINISTRA	
Date	Full name of contributor	Amount of contribution (\$)	
2/11/16	Richard Alenteria Contributor address; City; State; Zip Code 5913 Sycarbore Clerk IN 76134	2500	
	5913 Sycamore Clerk " 10151		
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
2/11/16	ANTONIO Martinez JR Contributor address; City; State; Zip Code 4900 Terrace Tru FTW TX 76/14	25.00	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ttions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
2/15/16	226 Bring Au FTW MX 76/02	10000	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	l tions)	
Self	employed		
	T		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
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MONE	TARY POLITICAL CONTRI	BUTIONS	sc	HEDULE A1
The	Instruction Guide explains how to complete this	form.	<b>1</b> Total pages Se	chedule A1:
2 FILER NAME	Luben Garcia		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC	(ID#:)	7 Amount of co	ntribution (\$)
2/16/16	RESERVOIT ROT INC. 6 Contributor address; City; State	; Zip Code	200	$\sim \frac{\omega}{\omega}$
	609 Aviator DR FIW IX	16179		
	ipation / Job title (See Instructions) CSS のいって	9 Employer (See Instruct	tions)	
Date		(ID#:)	Amount of co	ontribution (\$)
2/16/11	A Govito Garvain Contributor address; City; State 11737 Perch Cressing Helotis Tr		2 200	er an
1 1.0	Contributor address; City; State	; Zip Code たってまりころ	5000	
·	11 FJF Vench Crossing Flyons I	0 10000		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of co	ontribution (\$)
Contributor address; City; State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	20
Date	Full name of contributor 🗌 out-of-state PAC	: (ID#:)	Amount of E	Ratibution (\$)RRAF
	Contributor address; City; State	; Zip Code		NT COUNT RT COUNT 26 AM IO:
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	· · · · · · · · · · · · · · · · · · ·
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	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see inst			ments.

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

IT	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME Ruben Guia		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:) VOKI (on tuch Senaces VOKI (on tuch Senaces) 7 Contributor address; City; State; Zip Code VOO S. Zahg BIV Dallas TX 75208		8 Amount of 9 In-kind contribution Contribution \$ 9 In-kind contribution description YOKI YOTOC Scruces Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description	
Contributor address; City; State; Zip Code		de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR db)DICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (IFarly) (FOR JUDICIAL)		m of contributor's spouse (Hary) (FOR JUDICIAL)		
lf contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		ANT CO	
			UNTY 10:01 S TRATOR	
ł	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instructio			
L	The The Contract of the Annual States			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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 Dther (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	<sup>2</sup> FILEB NAME KUben Garcic		Filer ID (Ethies Comprission ilers)
4 Date	5 Payee name Rachel de Li	řG	NT CONTRACT
6 Amount (\$) \$ 400.00	7 Payee address; City; State: Zip 3208 River lates HUNST		OUNTY AMIO: OI
8	(a) Category (See Categories listed at the top of this sch		70
PURPOSE OF EXPENDITURE	Advertising Photography		de of Texas. Èomplete Schedule T. X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	.Office sought	Office held
Date	Payee name		·
2/12/26	Home Depot		
Amount $(s)$ $5_{c}300.00$	Payee address; City; State; Zip [151 Bidgewood Foit	Worth 7611	2
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this set Advertising Eapense (T-post, ziptics)	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 21142016	Payee name Zip Printinc	2	
Amount (\$) 2,673	Payee address; City; State; Zir 3406 Sout Coo		TX 7605
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc Printing Expende	Check if travel outsid	de of Texas. Complete Schedule T. 'X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overt Food/Beverage Expense Polling Expense Printing Exp 9 Gift/Awards/Memorials Expense Printing Exp	ages/Contract Labor Other (enter a category not God ab )	
1 Total pages Schedule F1:	2 FILEB NAME Ruben (corcici ·	3 Filer ID (Ethics=Commission(F))	
4 Date	5 Payee name ZIP Print Cent		
6 Amount (\$) 691.20	7 Payee address; City; State; Zip Code 3406 S- COOper	Arlington TX 76015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Extense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	.Office sought Office held	
Date	Payee name USPS		
Amount (\$)	Payee address; City; State; Zip Code 4600 Mor K IV Por	Kwaey Fart Worth 76161	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Eapense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Booker Industria	es	
Amount (\$) 4441 . 18	Payee address; City; State; Zip Code SUIS Maple Au	e Dollas TX 75235	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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SCHEDULE F1

## SCHEDULE F1

	<b>EXPENDITURE CATEGORIES FO</b>	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overh           Food/Beverage Expense         Polling Expense           Y         Gift/Awards/Memorials Expense         Printing Expense	ense ges/Contract Labor	Transportation I Travel In Distric Travel Out Of E	
1 Total pages Schedule F1:	2 FILER MAME Fuber Gorag.		3 Filer ID (E	Ethics Commission Filers)
4 Date 16 16	5 Payee name USPS			ARRANT FRANC
6 Amount (\$)	7 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
398 90	4600 Mark IV Park	eway F	ort M	新信(200)
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		RA O N
PURPOSE OF	Advertising		tside of Texas Comp , TX, officeholder I	
EXPENDITURE	Advertising Expense		· · · · · · · · · · · · · · · · · · ·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	.Office sought		Office held
Date	Payee name			
2/18/16	Ruban Garcia			
Amount (\$)	Payee address: City; State; Zip Code	103		
. 60.0	1000 Boxcord # 4		7610	2
	Category (See Categories listed at the top of this schedule)	Description	ride of Toxas Come	lote Schortule T
PURPOSE OF Reimbursenent Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Transportation			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 2 16 16	Booker Industries			
Amount (\$)	Payee address; ' City; State; Zip Code			12/5
581.68	5415 Maple Are De	allos J.	X 75	235
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Adveitising Expensive		tside of Texas. Comp , TX, officeholder	
EXPENDITURE	Expensio	•		,
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEI	EDED	
	· · · · · · · · · · · · · · · · · · ·	-		Davia - 4 0/0/0045

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	<ul> <li>Event Expense</li> <li>Event Expense</li> <li>Food/Beverage Expense</li> <li>Polific</li> <li>Food/Beverage Spense</li> <li>Print</li> </ul>	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense tries/Wages/Contract Labor	uipment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME Fuber Garaa .	3 Filen ID (Et)	Commission Piers)	
<sup>4</sup> Date 2 13 16	5 Payee name Taran County De	emocratic party is		
6 Ambunt (\$) 37.50	7 Payee address; City; State: Zip Con 2806 Race St	FW 76 11 ATOR	JNTY 10:01	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule 人のかられらいの	e) (b) Description Check if travel outside of Texas. Complet Check if Austin, TX, officeholder livi		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	. Office sought	Office held	
Date 2 2 2 16	Payee name Maño Perez			
Amount (\$)' .64.12	Payee address; City; State; Zip Co 2749 574 SF.	A	76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Polling Expense	le) Description Check if travel outside of Texas. Complet		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	ode		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ile) Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder liv		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED		
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SCHEDULE F1

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ries/Wages/Contract Labor t to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule G:	2 FILER NAME Y USER Garcia		<b>3</b> Filer ID (Ethics Commission Filers)	
Date 2 1 6 2016 Amount (\$) 5 (. 5 6 Reimbursement from political contributions intended	5 Payee name Pobo Dialer 7 Payee address; City; State; Zip Code Pobo Dialer, C	org	TARRANT COUN 2016 FEB 26 AM IO 2016 FEB 26 AM IO ELECTIONS ADMINISTR	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		e of Texas Complete Chedule	
<ul> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/C</li> </ul>	Candidate / Officeholder name Ruben (Julia	Office sought Constable	Office held PRANCH-5	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Cod	e		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		e of Texas. Complete Schedule T. K, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Cod	e		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outsid	e of Texas. Complete Schedule T. K, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held	
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#### SCHEDULE G