# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

1000		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		, -
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	OVISE MI	OFFICE USE ONLY
NAME		SUFFIX	Date Received
	GARCIA	••••	FARRAN 2016 JUL ELEO FISAS BY: Sás
A CANDIDATE /		CITY: STATE; ZIP CODE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	DARRANT COU
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	AVILA,	JK .	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO ROX PLEASE): APT / S	HITF# CITY: STATE:	7IP CONF
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION .	
9 REPORT TYPE	January 15 30th day before	election	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before eli	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01 /01/2016	THROUGH 07	15/2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	100
	Month Day Year Primary	Runoff Other Description	
	General	Special	ning.
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
	TARRANT CLERK		
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME MARY LOVISE GARCIA 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM 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	1 量 3	
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS	COUNT:	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	170g	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$  4. TOTAL POLITICAL EXPENDITURES \$3061.40			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 32, 827.76			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 4,549.53	
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.  Notary Public STATE OF TEXAS My Comm. Brp.May 08, 2018  Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said MAN LOUISE (UTC) A, this the 5				
Sworn to and subscribed before me, by the said // // // // // // // // // // // // //				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. YS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  8. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  9. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  9. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19	B		mmissidn ilers)
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2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS				AMOUNT
3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  8 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  8 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		1 S
3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	s	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		が
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	4.	SCHEDULE E: LOANS	1	\$4,549.53
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ \$453.37  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 2608.03
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ \$\frac{453.37}{10.} \] 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 453.37
12 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$
	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
	12.		BUTIONS	\$

LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 2
2 FILER NAME MAG	ZY LOVISE GAR	LCIA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		TARRANT DIGJUL 15 FRANKAP
5 Date of loan 6/11/2010	7 Name of lender Out-of-state F		10 Interest rate 0.00
6 Is lender a financial Institution?	2600 W. 77 ST	State; Zip Code  REET APT 1833	10 Interest rate 7
YN	FORT WORTH, TO	16107-9307	N/K
	on / Job title (See Instructions)	13 Employer (See Instructions)	BHRNE
MO			
14 Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of Ipan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
6/11/2010	CHRIS F. GARC	A	2,400.00
Is lender a financial Institution?		State; Zip Code WIE BLVD WEST	Interest rate 70
Y N		EXAS 76116	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
OWN	SR.	NORTH AMERICAN	MOTOR CO.
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION			
not applicable		Employer (Continue)	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NI struction guide for additional re	

LOANS		•	SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME MAR	Y Louise GARC	ıA	3 Filer D (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		5 AM	
5 Date of loan 5/6/2010	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount @ 5 = 5
6 Is lender a financial Institution?	8 Lender address; City; S 3121 BIGHAM BU	State; Zip Code	10 Interest rate 0.00 70
Y N	FORT WORTH, TX	76116	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION	18 Guarantor address; City; 5	State; Zip Code	
not applicable			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20 Principal Occupation (See Instructions)  21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were	deposited into political
☐ none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NI	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al 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:			
3	MARY LOUISE GARCIA		
4 Date 1 2016	MURPHY NASICA		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
200.∞	815-A BRAZOS ST. STE 304 AUSTIN, TEXAS		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF	DECEMBER 15 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
EXPENDITURE	CONSULTING		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held		
Date /	Payee name		
2/5/16	MURPHY NASICA		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	815-A BRIZOS ST. STE 304 AUSIN, TEXAS 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  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/O	Candidate / Officeholder name Office sought Office held		
Date , ,	Payee name		
3/1/2016	MURPHY NASICA		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	815-A BRAZOS ST. STE 304 AUSTIN, TEXAS 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex	pense Travel Out of District ages/Contract Labor Other (enter a category npt listed above)	
1 Total pages Schedule F1:	2 FILER NAME MARY LOVISE G	3 Filer ID (Ethics Commission Filers)	
4 Date 4/4/2016	5 Payee name  MVRPH NASICA		
6 Amount (\$)	7 Payee address; City; State; Zip Code	= 304 AKTN TV = 8701	
200.00	815-A BRAZOS ST. STE	= 304 Austin, TX = 8701	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	PARCH	Check if Austin, TX, officeholder living expense	
EXPENDITURE	CONSULTING		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
S/3/2016	Payee name  MURPHY NASICA		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	815-A BRAZOS ST. STE	304 AUSTIN, TEXAS 78701	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  APRIL	Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	CONSULTING	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date; (	Payee name		
6/7/2016	MURPHY NASICA		
Amount (\$)	Payee address; City; State; Zip Code	1	
	815-A BRAZOS ST, S	TE 304 AUSTIN, TEXAS 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  MA  Consuming	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/Oł	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	70 20 EIL
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Grit/Awards/Memorials Expense Printing Ex	ment/Reimbursement Solicitation/Fun head/Rental Expense Transportation bense Travel In Distri Travel Out Of Other (enter a	ndraising Expense Equipment & Field Expense ot District Category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MARY LOVISE 5 Payee name	GARCIA 3 Filer ID (	Ethics Commission Filers
7/5/16	MURPHY NASICA		: <b>4.5</b>
6 Amount (\$)	7 Payee address; City; State; Zip Code 815-A BRAZUS ST. ST	E 304 AVSTIN	TX 78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	JUNE	Check if travel outside of Texas. Com Check if Austin, TX, officeholder	•
EXPENDITURE	CONSULTING		
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
Date 5/31/2016	Payee name FORT WORTH REPUB	man momen	
Amount (\$) 24.63	Payee address; City; State; Zip Code  PD Box 101613 For	ZT WORTH, TEXA	5 76185-1613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Com  Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
7/7/2016	JOHN J. NICHOLSON	ı	
Amount (\$)	Payee address; City; State; Zip Code  8 KEVIN CT MANS	NEW, 7 760	063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  REIM BURSEMENT  (WEBSITE DEVELOPMENT)	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 6 Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MARY OVISE 5 Payee name Date ١, 2016 COM AND Amount (\$) 7 Payee address; City; State; Zip Code 21.57 MAINE, PA RD LEE 701 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF DONECTISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 1. Com 2016 and City; State; Zip Code Amount (\$) Payee address; MAINE, PA 19087 EE. 101 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENSE ADVERTISING EXPENDITURE \_\_ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 1. Com 2016 ANO Payee address; City; State; Zip Code Amount (\$) WAINE, PA 19087 LEE 701 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF HOVERTISING EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Food/Beverage Expense Printing Expense Fravel In District  Event Expense Food/Reverage Expense Food/Beverage Expense From Food/Beverage Expense Frinting Expense Fried Food/Reverage Expense Frinting Expense Fried Food/Reverage Expense Food				
4 Tatal and a Sahadula Cu	2 FILER NAME 3 Filer ID (Ethics Controlssion-Filers)				
1 Total pages Schedule G:	MARY LOVISE GARCIA				
4 Date 2/12/2016	5 Payee name ONTACT				
6 Amount (\$) 5.33  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 TRAPELO RD WANTHAM, MA 02451				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)				
OF EXPENDITURE	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/C	Candidate / Officeholder name Office sought Office held DH				
Date / 2016	Payee name CONTACT				
Amount (\$)	Payee address; City; State; Zip Code				
5.33  Reimbursement from political contributions intended	1601 TRAPELO RO WAVTURM, MA 02451				
	Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held DH				
Dafe 4/12/2016	Payee name CONSTANT CONTACT				
Amount (\$)  5.33  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  1601 TRAPELO RD WALTHAM, MA 02451				
DUDDOSE	Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8	3(a)		
Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Travel				
	The Instruction Guide explains how to complete this			
1 Total pages Schedule G:	MARY LOVISE GARCIA	3 Filer ID (Ethics Commission Filers)		
5/12/2016	5 Payee name CONSTANT CONTACT	JATY		
6 Amount (\$) 5.33  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 TRAPELO RD NAUT	TAM, MA DZ451		
8	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion		
PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name Office soug	ht Office held		
Date / 13 /2016	Payee name CONTAC	CT .		
Amount (\$)  S-33  Reimbursement from political contributions intended intended				
PURPOSE OF EXPENDITURE	1 A CULTURE 1 7	ion il travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 7/2016 Payee name CONTACT				
Amount (\$)  5.33  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  1601 TRAPELO PLD WAUTI	uam, MA 02451		
PURPOSE OF EXPENDITURE	Andrew I -	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LOVISE MARY 4 Date 5 Payee name 5/ WORTH REPUBLICAN 6 Amount (\$) Box 101613 FT. WORTH, 00.00/ Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** OTHER MEMBERSHIP Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name J.D. JOHNSON 2016 6 City; State; Zip Code Amount (\$) BOX 136021 FT WORTH, TX 76136 100.00 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. ONTEVBUTION **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name COUNTY REPUBLICAN PARTY City; State; Zip Code MOSIER VIEW CT. STE # 230 2016 TARRANT Amount (\$) Payee address; 10.00 Reimbursement from FORT WORTH, TX political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENSE EVENT EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment  Event Expense Fees Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME MARY LOVISE GAR	CIA	3 Filer ID (Ethics Commission Filers)		
4 Date 6 23 2016	5 Payee name REPUBLICAN NATIONAL 7 Payee address: City State 7 in Code	HISPANIC	Association		
6 Amount (\$)	r rayee address, City, State, 2ip Code				
25.00	PO BOX 471831	FT. WOR	TN、以		
Reimbursement from political contributions intended			147-1408		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ad Tours Complete Colored to T		
OF EXPENDITURE	OTHER- MEMBERSHIP DUE	I =	e of Texas. Complete Schedule T. K, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее пате				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended		T., .			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		e of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE		I =	le of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					