Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: David | MI: A.

NICKNAME | LAST: GARCIA | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 283 Lansing Ln. S.A, TX 78207

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Venancio | MI: F.

NICKNAME | LAST: GARCIA | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 283 Lansing Lane S.A, TX 78207

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 224-4100 | EXTENSION: —

8 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)

9 PERIOD COVERED

Month Day Year: 4 / 26 / 01 THROUGH Month Day Year: 6 / 30 / 01

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Councilman District 5

12 OFFICE SOUGHT (if known): —

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

CITY SECRETARY RECEIVED 01 JUL 18 AM 9:19

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME David A Garcia

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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: ☑ GENERAL ☐ SPECIFIC

COMMITTEE NAME: District 5 Committee for Progress / Campaign to Keep Councilman David A Garcia

COMMITTEE ADDRESS: P.O. Box 83006

COMMITTEE CAMPAIGN TREASURER NAME: Veronica F. Garcia

COMMITTEE CAMPAIGN TREASURER ADDRESS: 283 Lansing Lane

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,900 00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6,363 42
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5,000 00

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
VICTORIA M SALAZAR
MY COMMISSION EXPIRES
April 04, 2005

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.

David Garcia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Garcia, this the 16 day of July, 20 01, to certify which, witness my hand and seal of office.

Victoria M Salazar	Victoria M. Salazar	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/12/00	Jesse Oppenheimer 711 Navarro St. S.A. TX 78205	50 ck	
9 Principal occupation (Optional)		10 Employer (Optional)	

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)
5/12/01	Lewis Westerman 3 Blenheim S.A. TX 78209	250 ck	
Principal occupation (Optional)		Employer (Optional)	

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)
5/12/01	G. Hasslocher 8520 Crownhill Blvd. S.A. TX 78209	500 ck	
Principal occupation (Optional)		Employer (Optional)	

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)
5/12/01	SAPDA 1939 N.E. Loop 410 S.A. TX 78217	200 ck	
Principal occupation (Optional)		Employer (Optional)	

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)
Principal occupation (Optional)		Employer (Optional)	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/12/01	Patricia Kennedy 112 E. Pecan Suite 2210 S.A. TX 78205	200 wt	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
5/12/01	Laura Asman P.O. Box 723040 Atlanta, GA 31139	250	

Principal occupation (Optional) | Employer (Optional)

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)
5/12/01	Manuel Escobar 201 W. Poplar S.A. TX 78212	1,000	

Principal occupation (Optional) | Employer (Optional)

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)
5/12/01	IBEW - COPE 1125 15th St. NW Washington, DC 20005	750 wt	

Principal occupation (Optional) | Employer (Optional)

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)
5/12/01	Ruben Cortez 336 E. Quill S.A. TX 78228	1,000 w=	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/2/01	Louis Terrazas 11542 Whisper Breeze S.A. TX 78230	100 WK	
9 Principal occupation (Optional)	10 Employer (Optional)		

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)
5/2/01	Bill Lyons 430 E Commerce SA, TX 78205	250 WK	
Principal occupation (Optional)	Employer (Optional)		

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)
5/2/01	J. Zachry 527 Logwood Ave SA TX 78221	100 WK	
Principal occupation (Optional)	Employer (Optional)		

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)
5/2/01	David Zachry 527 Logwood Ave SA TX 78221	250 WK	
Principal occupation (Optional)	Employer (Optional)		

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)
5/2/01	H.B. Zachry 527 Logwood Ave SA TX 78221	250 WK	
Principal occupation (Optional)	Employer (Optional)		

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/2/01	Jack McGinnis 334 W. Mulberry Ave S.A. TX 78212	100 ck	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	Albert Suenz 219 N. San Marcos SA, TX 78207	200 ck	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	Pete Torres 405 S Presa S.A TX 78205	150 ck	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	Amer Connetax - USAA USAA Building S.A TX 78288	500 ck	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	G.W. Worth 6929 Camp Bullis S.A TX 78256	250 ck	
Principal occupation (Optional)	Employer (Optional)		

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2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/30/01	Bill Kautman 230 Country Lane S.A. TX 78209	1,500 OK	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/01	Blair Labatt 212 W. Summit S.A. TX 78212	1,000 OK	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/01	Al Cano 4335 Piedras Dr. W. Ste 228 S.A. TX 78228	250 OK	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/01	Frank Sepulveda 211 Mecca Dr. S.A. TX 78232	500 OK	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/01	Jeffrey Sailer 2223 Encino Loop S.A. TX 78259	100 OK	

Principal occupation (Optional) | Employer (Optional)

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2 FILER NAME

1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/26/01	☐ out-of-state PAC (ID#:) Cit Cmp for Fair Work 1024 Elysian Fields N.O, LA 70117	2000 ck	
Principal occupation (Optional)	Employer (Optional)		
4/30/01	☐ out-of-state PAC (ID#:) Luke Soules	250 ck	
Principal occupation (Optional)	Employer (Optional)		
5/2/01	☐ out-of-state PAC (ID#:) Narciso Cano 4335 Piedras Drive S.A TX 78228	250 ck	
Principal occupation (Optional)	Employer (Optional)		
5/2/01	☐ out-of-state PAC (ID#:) Roger Bowler 311 Mayer Rd. Bulverde, TX 78163	500 ck	
Principal occupation (Optional)	Employer (Optional)		
5/2/01	☐ out-of-state PAC (ID#:) Jack McGinnis 405 S. Presa S.A TX 78205	100 ck	
Principal occupation (Optional)	Employer (Optional)		

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/30/01	Ironworkers State Lge Fund 1106 Lavaca St, Suite 201 S. Austin, TX 78201	500 wt	~~500 wt~~

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
4/30/01	A. Wayne Wright 5707 IH10 W Suite 101 S.A, TX 78201	500 wt	

Principal occupation (Optional) | Employer (Optional)

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)
4/30/01	Linda Blend 16427 Axis Trail S.A, TX 78232	100 wt	

Principal occupation (Optional) | Employer (Optional)

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)
4/30/01	Brian Weiner P.O. Box 7608 S.A, TX 78207	500 wt	

Principal occupation (Optional) | Employer (Optional)

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)
4/30/01	C. Baum III 5150 N. Loop 1604 W S.A, TX 78249	750 wt	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
4/30/01	Rick Sheldon 4006 Green Oak Dr. Waco, TX 76710	500 wt			
4/30/01	Paul Andrews 16943 Hidden Oaks S.A, TX 78248	100 wt			
4/30/01	Charles Wood P.O Box 74 Bulverde, TX 78163	100 wt			
4/30/01	Phillip Bagnall 216 Lamont S.A, TX 78209	100 wt			
4/30/01	Thomas Rademacher 14007 Bluff Manor Dr. S.A, TX 78216	100 wt			

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/28/01	Hoelscher Elem. PTA 1602 W. Thompson Place, SA, TX 78226	50.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
dictionaries	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/20/01	R.J.S. H.S. Sports	300.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
radio ad.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/9/01	St Stephens 2127 S. Zarzamora, SA, TX 78207	50 W

8 Purpose of payment (See instructions regarding type of information required.): contribution

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/10/01	Charlie Pena 107 Wallace Rd, SA, TX 78237	1,000 W

Purpose of payment (See instructions regarding type of information required.): services vendered

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/12/01	AVANCE 2300 W. Commerce, Suite 304, SA, TX 78207	505 W

Purpose of payment (See instructions regarding type of information required.): neighborhood meeting

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/18/01	Riverside Church 2300 24th Avenue S.W., Norman, OK 73072	108 W

Purpose of payment (See instructions regarding type of information required.): contribution / meal / food

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/30/01	U. S. Postmaster 10410 Perrin Beitel Rd, SA, TX 78284	41.20

8 Purpose of payment (See instructions regarding type of information required.): postage.

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/2/01	Charlie Rena 107 Wallace Rd, SA, TX 78237	200 w.

Purpose of payment (See instructions regarding type of information required.): Services rendered.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/01	San Antonio Press 911 N. Frio, SA, TX 78207	1,244.53

Purpose of payment (See instructions regarding type of information required.): posters.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/8/01	La Prensa 320 S. Flores St., SA, TX, 78204	240 w

Purpose of payment (See instructions regarding type of information required.): ad.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/30/01	Travis Florists Wholesale 240 W. Josephine, SA, TX 78212	18.88

8 Purpose of payment (See instructions regarding type of information required.): Flowers

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/27/01	Godiva 247 Rivercenter Mall, SA, TX 78203	42.61

Purpose of payment (See instructions regarding type of information required.): Chocolate

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/27/01	Charlie Pena 107 Wallace Rd, SA, TX 78237	50.00

Purpose of payment (See instructions regarding type of information required.): Services rendered

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/27/01	Charlie Pena 107 Wallace Rd, SA, TX 78237	750.00

Purpose of payment (See instructions regarding type of information required.): Services rendered

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/7/01	Southside Reporter 2203 S. Hackberry, SA, TX 78210	350 w

8 Purpose of payment (See instructions regarding type of information required.): ad.

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/10/01	Eloise Rodriguez 114 Hoover, SA, TX 78225	16 w

Purpose of payment (See instructions regarding type of information required.): Contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/7/01	Bexar County Tejano Democrats PO Box, SA, TX 78295	500 w

Purpose of payment (See instructions regarding type of information required.): table Sponsor

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/01	Star Shuttle 1343 Hallmark, SA, TX 78216	100 w

Purpose of payment (See instructions regarding type of information required.): rental

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUN 18 01 9:20

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/3/01	D. S. Postmaster 10410 Perrin Beitel Rd., SA, TX 78284	247.20

8 Purpose of payment (See instructions regarding type of information required.): meiter.

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/01	Hillcrest PTA	50.00

Purpose of payment (See instructions regarding type of information required.): Easter Egg Contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/01	Hillcrest PTA 211 W. Malone SA TX 78214	50.00

Purpose of payment (See instructions regarding type of information required.): Contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/01	Terry Lueva 824 San Patricio, SA, TX 78207	500.00

Purpose of payment (See instructions regarding type of information required.): catering

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

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JUL 18 AM 9:20 CITY SECRETARY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Councilman FIRST: David MI: A.
NICKNAME: LAST: Garcia SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 830006 APT / SUITE #: CITY: S.A. STATE: TX ZIP CODE: 78283

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Venancio MI: F.
NICKNAME: LAST: Garcia SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 283 Lansing Lane APT / SUITE #: CITY: S.A. STATE: TX ZIP CODE: 78207

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 224-4100 EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 3/27/01 THROUGH Month Day Year: 4/25/01

10 ELECTION

ELECTION DATE Month Day Year: 5/05/01

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Councilman, District 5

12 OFFICE SOUGHT (if known): Councilman District 5

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME David A Garcia

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: District 5 Committee for Progress / Campaign to Keep Councilman David A Garcia

COMMITTEE ADDRESS: P.O. Box 830006

COMMITTEE CAMPAIGN TREASURER NAME: Venancio F. Garcia

COMMITTEE CAMPAIGN TREASURER ADDRESS: 283 Lansing Lane SA, TX 78207

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15,230.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 10,419.02
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 7,000.00

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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.

David A Garcia

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David A. Garcia, this the 27th day of April, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/23/01	San Antonio Bike Affairs Assoc. / 1939 N. E. Loop 410 S.A, TX 78217	4,000 OK	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
3/21/01	G. W. Worth / 6929 Camp Bullis Rd S.A, TX 78256	1,000 OK	

Principal occupation (Optional) | Employer (Optional)

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)
3/14/01	John Walker / 1603 Nacogdoches S.A, TX 78209	1,000 OK	

Principal occupation (Optional) | Employer (Optional)

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)
2/22/01	Clifford Morton / 1919 Oakwell Farms. S.A, TX 78218	500 OK	

Principal occupation (Optional) | Employer (Optional)

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)
3/15/01	G. Reaves / 2610 Rim Oak SA, TX 78232	250 OK	

Principal occupation (Optional) | Employer (Optional)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

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1 Total pages this Schedule A1:

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/4/01	Elaine Munoz P.O. Box 74 Bulverde, TX	100 US	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
4/10/01	Clyde Crews 4001 N. New Braunfels S.A. TX 78209	100 US	

Principal occupation (Optional)	Employer (Optional)

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)
4/19/01	Al Cano 4335 Piedras Dr. S.A. TX 78228	250 US	

Principal occupation (Optional)	Employer (Optional)

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)
4/24/01	Cmp for Fair Work, Living Wage 1024 Elysian Fields Ave, N.O, LA 70117	2,000 US	

Principal occupation (Optional)	Employer (Optional)

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)
4/4/01	Tony Hernandez 732 Culebra SA TX 78201	200 US	

Principal occupation (Optional)	Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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6 Total pages in this Schedule A1:

2 FILER NAME David A. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/7/01	Frank Wing 222 Laclede S.A, TX 78214	200 cx	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
4/19/01	Narciso Cano 4335 Piedras Dr. S.A, TX 78228	250 cx	

Principal occupation (Optional)	Employer (Optional)

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)
4/17/01	A. Wayne Wright 5707 IH10 S.A TX 78201	500 cx	

Principal occupation (Optional)	Employer (Optional)

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)
4/10/01	Ironworkers State Cope Fund 1106 Lavaca Austin, TX 78701	500 cx	

Principal occupation (Optional)	Employer (Optional)

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)
3/29/01	Manuel Escobar 207 W. Poplar S.A, TX 78212	1000 cx	

Principal occupation (Optional)	Employer (Optional)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: David A. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/5/01	Charles Amato 9311 San Pedro S.A, TX 78216	200 ck	
9 Principal occupation (Optional)	10 Employer (Optional)		

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)
4/4/01	Jack McGinnis II 405 S. Presa S.A, TX 78205	100 ck	
Principal occupation (Optional)	Employer (Optional)		

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)
3/29/01	Albert Suenz 219 N. San Marcos S.A, TX 78207	200 ck	
Principal occupation (Optional)	Employer (Optional)		

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)
4/4/01	Pete Torres 334 W. Mulberry S.A, TX 78212	150 ck	
Principal occupation (Optional)	Employer (Optional)		

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)
4/4/01	Richard Hernandez Jr. 4 Sandhurst Ln. S.A, TX 78257	200 ck	
Principal occupation (Optional)	Employer (Optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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Total pages this Schedule A1:

2 FILER NAME David A. Garcia

3 ACCOUNT # (For Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/1/01	S.A. Fire Fighters P.A.C. / 735 W. Magnolia S.A, TX 78212	1,000 WC	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
3/27/01	Charles Cheever / 501 Terrell Rd. S.A, TX 78209	200 WC	

Principal occupation (Optional) | Employer (Optional)

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)
3/01/01	Cynthia LeMonds-Ortiz / 7012 Elm Bank. S.A, TX 78244	30 WC	

Principal occupation (Optional) | Employer (Optional)

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)
4/4/01	Moris Munoz / 12307 Melon Dr. S.A, TX 78247	25 WC	

Principal occupation (Optional) | Employer (Optional)

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)
4/4/01	Debbie Wood / P.O. Box 74 Bulverde TX 78163	25 WC	

Principal occupation (Optional) | Employer (Optional)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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Attach this Schedule A1:

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/4/01	Ruben Flores 800 Dolorosa S.A, TX 78207	250 ck	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
4/4/01	Douglas Beach 217 Alamo Plaza S.A, TX 78205	500 ck	

Principal occupation (Optional)	Employer (Optional)

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)
4/10/01	Carve Baker Wells 1019 Tower Life S.A, TX 78205	500 ck	

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/27/01	U.S. Postmaster 10410 Perrin Beitel Rd.	105.00

8 Purpose of payment (See instructions regarding type of information required.): postal services

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/27/01	Southside Reporter 2203 S. Hackberry 78210	637.16

Purpose of payment (See instructions regarding type of information required.): Advertisement

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/27	Mongura Printing 2201 Buena Vista 78207	1,061.21

Purpose of payment (See instructions regarding type of information required.): pushcards

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/30/01	Jason Mata 2925 W. Commerce 78207	150.00

Purpose of payment (See instructions regarding type of information required.): Contribution

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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Printed on recycled paper

Revised 04/04/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Lanzio

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/16/01	U.S. Postmaster 10410 Perrin Beitel Rd.	300 00

8 Purpose of payment (See instructions regarding type of information required.): mailer

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16/01	Travis Florists Josephine St.	77 00

Purpose of payment (See instructions regarding type of information required.): Flowers

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/20/01	Home Depot 12871 IH10 78249	25 11

Purpose of payment (See instructions regarding type of information required.): tape / stakes

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/25/01	Charlie Pecan. 107 Wallace 78207	50 00

Purpose of payment (See instructions regarding type of information required.): gas

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/12/01	La Prensa 320 S. Flores St 78204	240 00

8 Purpose of payment (See instructions regarding type of information required.): Ad.

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/14/01	U. S. Postmaster 10410 Perrin Beitel Rd.	100 00

Purpose of payment (See instructions regarding type of information required.): postage

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/14/01	Charlie Perez	550 00

Purpose of payment (See instructions regarding type of information required.): services rendered

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16/01	U. S. Postmaster 10410 Perrin Beitel Rd.	600 00

Purpose of payment (See instructions regarding type of information required.): mailer

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/5/01	Hillcrest PTA 211 W. Malone 78214	50 ck

8 Purpose of payment (See instructions regarding type of information required.): Easter egg hunt

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/01	Sprint P.C.S. 255 E. Basse Rd 78209	50 ck

Purpose of payment (See instructions regarding type of information required.): donation / phone

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/01	Lanier Class of '81 1514 W. Durango 78207	175 ck

Purpose of payment (See instructions regarding type of information required.): Casino Nite donation

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/6/01	Charlie Pena 107 Wallace 78207	600 ck

Purpose of payment (See instructions regarding type of information required.): Services rendered

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 P 4:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A. Garcia

ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/21/01	Charlie Pena 107 Wallace 78207	700.00

8 Purpose of payment (See instructions regarding type of information required.): Services rendered

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/7/01	Fiesta Store Broadway 78209	327.29

Purpose of payment (See instructions regarding type of information required.): contributions

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/01	Mongoia Printers 2201 Buena Vista 78207	370.87

Purpose of payment (See instructions regarding type of information required.): envelopes

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/01	Mongoia Printers 2201 Buena Vista 78207	1,256.25

Purpose of payment (See instructions regarding type of information required.): mailer

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 P 4:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Lowry

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/30/01	Morrison Lowry 510 E. Romser 78216	3,000

8 Purpose of payment (See instructions regarding type of information required.)
Services rendered

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

01 MAR -5

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Councilman
FIRST: David
MI: A
NICKNAME:
LAST: Garcia
SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 830006 S.A, TX 782

5 CAMPAIGN TREASURER NAME

TITLE:
FIRST: Venancio
MI: F.
NICKNAME:
LAST: Garcia
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 283 Lansing Lane San Antonio, TX 78207

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210)
PHONE NUMBER: 224-4100
EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 1/1/01 THROUGH Month Day Year: 3/26/01

10 ELECTION

ELECTION DATE Month Day Year: 5/05/01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☑ Special

11 OFFICE

OFFICE HELD (if any): Councilman District 5

12 OFFICE SOUGHT (if known): Councilman District 5

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

01 APR -6 AM 9:44

14 C/OH NAME David A Garcia

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

☑ GENERAL

☐ SPECIFIC

COMMITTEE NAME: District 5 Committee for Progress / Campaign to Reelect Councilman David A Garcia

COMMITTEE ADDRESS: P.O. Box 830006

COMMITTEE CAMPAIGN TREASURER NAME: Venancio F. Garcia

COMMITTEE CAMPAIGN TREASURER ADDRESS: 283 Lansing Lane SA TX 78207

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4,805 00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 21,271 57
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5,000 00

19 AFFIDAVIT

MELISSA PACHECO NOTARY PUBLIC STATE OF TEXAS EXPIRES MAY 12, 2003

AFFIX NOTARY STAMP / SEAL ABOVE

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.

David Garcia

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DAVID A. GARCIA, this the 5th day of APRIL, 20 001, to certify which, witness my hand and seal of office.

NOTARY PUBLIC	MELISSA PACHECO	Melissa Pacheco
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

01 APR -6

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/26/01	Sam Dawson 3802 Mill Court S.A, TX 78230	300 00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
2/6/01	Richard Lira 619 Panam S.A, TX 78225	100 00	

Principal occupation (Optional)	Employer (Optional)
	—

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)
1/26/01	Luke Soules 100 W. Houston SA, TX 78205	250 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/21/01	John Pell, Sr. 2635 Brookhurst Dr. SA, TX 78209	500 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/8/01	Mana Ferrier 5526 King Richard St. SA, TX 78229	150 00	

Principal occupation (Optional)	Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/8/01	Stephen Hennigan P.O. Box 790266 SA, TX 78279	100 00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
2/19/01	Carole Chamberlain 5450 Rowley Rd 406 S.A, TX 78240	100 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/23/01	Alfred Rohde 9510 La Rue S.A, TX 78217	125 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/26/01	David Starr 2161 N.W. Military Hwy S.A, TX 78213	500 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/22/01	Natalie Peterson 311 Breeden Ave. SA, TX 78212	50 00	

Principal occupation (Optional)	Employer (Optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO 01 APR -6 PM 9:45

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/7/01	Ruben Escobedo 745 E. Mulberry S.A, TX 78212	100 00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
2/20/01	Chas Toudouze 150 E. Lynwood Dr. S.A, TX 78212	100 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/20/01	J. A. Cappelli 347 Wilkens Ave S.A, TX 78210	5 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/21/01	Frances J. Teran 1231 Kendalia S.A, TX 78224	25 00	

Principal occupation (Optional)	Employer (Optional)

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)
2/21/01	Patricia Steves P.O. Drawer S S.A, TX 78211	500 00	

Principal occupation (Optional)	Employer (Optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

01 APR -5 PM 4:15

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/21/01	Marshall Steves P.O. Box 3805 S.A. TX 78211	500	
Principal occupation (Optional)	Employer (Optional)		

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)
2/21/01	Andrea Rodriguez 13159 Queens Forest S.A. TX 78230	100	
Principal occupation (Optional)	Employer (Optional)		

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)
2/21/01	Angela Garcia 1600 Culebra S.A. TX 78201	200	
Principal occupation (Optional)	Employer (Optional)		

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)
2/21/01	Clem Lyons 126 Villita S.A. TX 78205	250	
Principal occupation (Optional)	Employer (Optional)		

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)
2/21/01	Douglas Beach	500	
Principal occupation (Optional)	Employer (Optional)		

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

01 APR -6 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/19/01	John Walker 1603 Nacogdoches S.A TX 78209	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
2/22/01	John Walker 1603 Nacogdoches S.A TX 78209	250.00	

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

01 APR -6

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garza

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/2/01	Postmaster General 10410 Perrin Beitel Rd.	400 00

8 Purpose of payment (See instructions regarding type of information required.): Stamps/mailing

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/19/01	Charlie Pena 107 Wallace	400 00

Purpose of payment (See instructions regarding type of information required.): lumber

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/19/01	Charlie Pena 107 Wallace S.A, TX 78207	800 00

Purpose of payment (See instructions regarding type of information required.): Services rendered

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/22/01	Circuit City Store 3502 Leon Valley TX 78238	485 41

Purpose of payment (See instructions regarding type of information required.): digital camera

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

01 APR -6

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 46

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/25/01	Charlie Pena 107 Wallace S.A, TX 78207	818 00

8 Purpose of payment (See instructions regarding type of information required.): Services rendered

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/8/01	Monagia Printers 2201 Buena Vista S.A, TX 78207	84.15

Purpose of payment (See instructions regarding type of information required.): Business Cards

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/12/01	Travis Wholesale 240 W. Josephine S.A, TX 78212	193.98

Purpose of payment (See instructions regarding type of information required.): Flowers

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/11/01	Charlie Pena 107 Wallace S.A, TX 78207	700 00

Purpose of payment (See instructions regarding type of information required.): Services rendered

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

01 APR -6 PM 3:45

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/29/01	Morrison Group 510 E. Ramsey S.A. TX 78216	5,000 00

8 Purpose of payment (See instructions regarding type of information required.): Signs, mailers, etc.

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/1/01	Charlie Rena 107 Wallace S.A. TX 78207	900 00

Purpose of payment (See instructions regarding type of information required.): Services rendered

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/10/01	U.S.P.S. 10410 Perrin Beitel Rd.	408 00

Purpose of payment (See instructions regarding type of information required.): Stamps,

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/17/01	Charlie Rena 107 Wallace S.A. TX 78207	800 00

Purpose of payment (See instructions regarding type of information required.): Services rendered.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

01 APR -6 AM 9:16

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garza

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/10/01	Charlie Pena 107 Wallace S.A, TX 78207	250 00

8 Purpose of payment (See instructions regarding type of information required.): Services rendered

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/19/01	Home Depot 611 S.W. Loop 410 S.A, TX 78227	39 16

Purpose of payment (See instructions regarding type of information required.): Utilities (tape, ext. cords)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/21/01	Easy Stake 906 Ruiz S.A TX 78207	200 00

Purpose of payment (See instructions regarding type of information required.): Stakes

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/15/01	U.S.P.S S.A, TX 78284	90 00

Purpose of payment (See instructions regarding type of information required.): Stamps

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

01 APR -6 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/21/01	David A Garcia 233 Lansing Lane S.A, TX 78207	1,000

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
reimbursement of funds.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/21/01	Avenida Guadalupe Association 1327 Guadalupe S.A, TX 78207	190 cc

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Rental of Hall	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/25/01	Charlie Mena 107 Wallace S.A, TX 78207	800 cc

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Services rendered.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

01 APR -6 AM 9:

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 46

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/2/01	Circuit City Store 3502 Leon Valley TX 78238	237.03

8 Purpose of payment (See instructions regarding type of information required.): TV/VCR

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/6/01	Charlie Pena 107 Wallace SA, TX 78207	800 cc

Purpose of payment (See instructions regarding type of information required.): Services rendered

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/4/01	Home Depot 611 S.W Loop 410 SA TX 78227	50 cc

Purpose of payment (See instructions regarding type of information required.): Keys, ties/cables

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/16/01	Charlie Pena 107 Wallace SA, TX 78207	600 cc

Purpose of payment (See instructions regarding type of information required.): Services rendered.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

CITY RECEIVED CITY CLERK 01 APR -6 PM 3:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 46

2 FILER NAME: David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/26/01	Charlie Pena 107 Wallace S.A, TX 78207	600 00

8 Purpose of payment (See instructions regarding type of information required.): services rendered

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/6/01	Morrison Group 510 E. Ramsey S.A, TX 78216	3,000 00

Purpose of payment (See instructions regarding type of information required.): design, ads

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/30/01	Morrison Group 510 E. Ramsey S.A, TX 78216	3,000 00

Purpose of payment (See instructions regarding type of information required.): design, fans

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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