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

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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: 10

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Joe | MI: F

NICKNAME | LAST: Garcia | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P. O. Box 460928 | APT / SUITE #: | CITY: San Antonio | STATE: TX | ZIP CODE: 78246

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Billy | MI: F.

NICKNAME | LAST: Cottingham | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1734 Eagle Point | APT / SUITE #: | CITY: San Antonio | STATE: Tx. | ZIP CODE: 78248

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 492-2666 | 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: 01/01/03 THROUGH Month Day Year: 03/03/03

10 ELECTION

ELECTION DATE Month Day Year: 05/03/03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Council Dist 1

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

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Joe F. 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ 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)	$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,528.29
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 7,454.71

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe F. Garcia, this the Apr 3rd day of April, 20 03, 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

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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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME: JOE F. 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)
3/14/03	C. RAMIREZ 120 PADSIT SAT. 78 2	50.00	

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)
3/19/03	WATT PRICHARD 14906 sylvan woods SAT. 78249	50.00	

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)
3/19/03	ALBERT McKNIGHT 4462 E. HOUSTON SAT. 78220	$200.00	

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)

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: 4

2 FILER NAME: Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/8/03	Post Master Airport mail Fac. San Antonio, Tx. 78244	14.80

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
Postage	Joe F. Garcia	Dist. 1	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/7/03	City of San Antonio P.O. Box 839975 San Antonio, Tx. 78238	132.36

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
Maps	J. F. Garcia	Dist 1	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/29/03	Mapscot Maps 610 W. Sunset Rd. San Antonio, Tx. 78216	31.23

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
Map books	J. F. Garcia	Dist 1	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/3/03	Dialogue Systems 654 Mission St. San Antonio, Tx. 78205	500.00

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
Voter Lists	J. F. Garcia	Dist 1	

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/13/03	The Art Dept 210 Adams San Antonio, Tx. 78205	275.60

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

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 ($)
2/13/03	Kat Com. Inc. 5213 Bandera Rd. San Antonio, Tx 78238	90.00

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

•• 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 ($)
2/16/03	Dialogue Systems 654 Mission St. San Antonio, Tx 78210	4,500.00

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

•• 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 ($)
2/19/03	City of San Antonio P.O. Box 839975 San Antonio, Tx. 78238	100.00

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

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

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/21/03	Ideas Unlimited 5213 Bandera Rd. San Antonio, Tx. 78238	709.85

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

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 ($)
2/22/03	Home Depot 435 W. Sunset San Antonio, Tx. 78209	44.13

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 ($)
2/19/03	Ideas Unlimited 5913 Bandera Rd. San Antonio, Tx. 78238	385.13

Purpose of payment (See instructions regarding type of information required.): Campaign 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 ($)
2/20/03	The Greater Chamber of Commerce 602 E. Commerce San Antonio, Tx. 78205	150.00

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

•• 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: Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/27/03	Office Max 1604 Bandera Rd. San Antonio, TX 78228	8.61

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
supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/27/03	Post Master Airport Mail FAC. San Antonio, Tx 78246	87.65

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
Postage	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/2/03	Dale Curry 4103 Modena Dr. SAT 78218	201.02

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
CATERING FUNDRAISING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/2/03	Ben E. Keith P.O. Box 34810 SA TX 78265	372.85

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
CATERING	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
2/27/03	La Prensa Foundation, Inc. 318 S. Flores San Antonio, TX, 78206	Banquet	$80.00	☑
3/6/03	Howard Data Systems 12507 La Bodega San Antonio, TX, 78233-5938	Computer System	$1,237.54	☑
3/6/03	Comp. USA 820 Rector Dr, San Antonio, TX, 78206	Fax Machine Supplies	$321.39	☑
1/24/03	Kinkos 4418 Broadway San Antonio, TX, 78209		$68.50	☑
1/28/03	Charles Parish Photography 7701 Broadway San Antonio, TX, 78209		$48.50	☑

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
1/30/03	Guadalupe Lumber 1547 S. Barzanova Satx 78209	34.79
	7 Purpose of expenditure (See instructions regarding type of information required.) Stakes	☑ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/28/03	Sea Island 322 West Rector Sat. 78217	17.94
	Purpose of expenditure (See instructions regarding type of information required.) Volunteer meals	☑ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/25/03	PRIMETIME ADVERTISING 2203 S. HACKBERRY SATX.	117.00
	Purpose of expenditure (See instructions regarding type of information required.) CAmpAIGN AD.	☑ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 8,000.00

5 Date of loan	7 Name of lender	9 Loan Amount ($)
02/07/03	☐ out-of-state PAC (ID#:) River City Federal Credit Union	8,000.00
6 Is lender a financial Institution? (Y) N	8 Lender address: City; State; Zip Code 610 Augusta St. San Antonio, TX 78215	10 Interest rate: 10.900%
		11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☐ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender	Loan Amount ($)
	☐ out-of-state PAC (ID#:)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

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