

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Alexander</i> <i>L.</i> NICKNAME LAST SUFFIX <i>Alex</i> <i>Garcia</i>	OFFICE USE ONLY Date Received FILED FOR RECORD AT 4:35 PM OCT 11 2016 KARA SANDS CLERK COUNTY COURT, MUESES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6050 Broadmoor</i> <i>Corpus Christi, TX</i> <i>78413</i>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 510-2001</i>	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs.</i> <i>Tanya</i> <i></i> NICKNAME LAST SUFFIX <i>Saldivan</i>	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3926 Gibraltar</i> <i>Corpus Christi, TX</i> <i>78414</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 537-6466</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 1 / 16</i> <i>10 / 7 / 16</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 8 / 16</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>JUSTICE OF THE PEACE PET 2, PL 1</i>	

2016-154

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Alex Garcia

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ *50.00*

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

\$ *3010.00*

EXPENDITURE
TOTALS

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

\$ *131.47*

4. TOTAL POLITICAL EXPENDITURES

\$ *2818.25*

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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 18, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Alex Garcia*, this the *11* day of *October*, 20 *16*, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Elvia S. Castro

Printed name of officer administering oath

Notary State of Tx

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Alexander L Grier</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2960.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2686.78</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **Alexander L. Garcia**

3 Filer ID (Ethics Commission Filers)

4 Date **7/2/16**

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

7 Amount of contribution (\$)

Stephens Center

1000.00

6 Contributor address; City; State; Zip Code

5228 Esplanado, C.C.TX 78413

8 Principal occupation / Job title (See Instructions)
owner-Step Center

9 Employer (See Instructions)
Self

Date **8/1/16**

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

Amount of contribution (\$)

Randy Maldonado

250.00

Contributor address; City; State; Zip Code

6001 King Trail, C.C.TX 78414

Principal occupation / Job title (See Instructions)
Fast Food / owner

Employer (See Instructions)
Self

Date **8/2/16**

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

Amount of contribution (\$)

Annita Elina Mearns

25.00

Contributor address; City; State; Zip Code

P.O. Box 270081, C.C.TX 78413

Principal occupation / Job title (See Instructions)
Retiree

Employer (See Instructions)
Retiree

Date **9/14/16**

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

Amount of contribution (\$)

James Beasly

25.00

Contributor address; City; State; Zip Code

4001 Danogal, C.C.TX 78413

Principal occupation / Job title (See Instructions)
DEL Max Cilloys Report

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Alexander L Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha Martinez	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 425 Augusta Circle, C. C. TX 78113		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 9/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel M. Rojas	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2030 Valle Franches, C. C. TX 78114		
Principal occupation / Job title (See Instructions) Real Estate Property Management Services		Employer (See Instructions) SELF
Date 8/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvatore James Frangolino	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5702 Hawthorn St, C. C. TX 78115		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Church
Date 9/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libardo Hernandez MD.	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5713 Woodridge, C. C. TX 78115		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SELF

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Alexander L. Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia + Voe Flores	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 25 Ashland, TX, c.c.t.s 7542		
8 Principal occupation / Job title (See Instructions) ADMINISTRATOR / MANAGER		9 Employer (See Instructions) ESC
Date 10/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOWAN ELIZABETH, LLP	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 555 N. CANOVENWAY STE 1400 WYD COT		
Principal occupation / Job title (See Instructions) Lawyer / Attorney		Employer (See Instructions) GOWAN ELIZABETH
Date 9/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID RIOS JR	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5538 KING ROAD, C.C.T.S 7514		
Principal occupation / Job title (See Instructions) FINANCIAL SERVICES / FINANCIAL ADVISOR		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alexander L. Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/6/16</i>	5 Payee name <i>Arrow Display Signs Etc.</i>	
6 Amount (\$) <i>303.10</i>	7 Payee address; City; State; Zip Code <i>1343 S. Staples C.C. TX 78704</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Window Post for Campaign</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Garcia</i> Office sought: <i>Justice of the Peace Pet 2 Pl 1</i> Office held:	
Date <i>8/3/16</i>	Payee name <i>C-Course</i>	
Amount (\$) <i>137.50</i>	Payee address; City; State; Zip Code <i>4555 S. Plummer, C.C. TX 78742</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MEET + GREET LABOR DAY CELEBRATION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Garcia</i> Office sought: <i>Justice of the Peace, Pet 2, Pl 1</i> Office held:	
Date <i>9/2/16</i>	Payee name <i>NACOP COUNTY DEMOCRATIC PARTY</i>	
Amount (\$) <i>320.00</i>	Payee address; City; State; Zip Code <i>2701 Morgan Avenue, #100, C.C. TX 78705</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Contributions</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Garcia</i> Office sought: <i>Justice of the Peace Pet 2 PL 1</i> Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alexander L. Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/16</i>	5 Payee name <i>DM Productions</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 71503, C.C.TX 75417</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Commercial</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Garcia</i> Office sought: <i>Verstee of the Peace</i> Office held: <i>Ret 2 PL 1</i>	
Date <i>9/27/16</i>	Payee name <i>Arrow Display Signs, Inc</i>	
Amount (\$) <i>1,170.18</i>	Payee address; City; State; Zip Code <i>1343 S. Staples, C.C.TX 75404</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Garcia</i> Office sought: <i>VP Ret 2 PL 1</i> Office held:	
Date <i>9/13/16</i>	Payee name <i>CDP Graphics & Screen Printing</i>	
Amount (\$) <i>400.00</i>	Payee address; City; State; Zip Code <i>4701 Ayala St, Suite 404, C.C.TX 75415</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign T-Shirts</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Garcia</i> Office sought: <i>VP Ret 2 PL 1</i> Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alexander L. Givens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/30/16</i>	5 Payee name <i>Nues County Democratic Party</i>	
6 Amount (\$) <i>250</i>	7 Payee address; City; State; Zip Code <i>2901 Mangrove Avenue #600, C.C. TX 75020</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Contributions</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alex Givens</i> Office sought: <i>JD Pet 2, R</i> Office held: <i></i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED