## CANDIDATE / OFFICEHOLDER REPORT OF LINEXPENDED CONTRIBUTIONS

## FORM C/OH-UC COVER SHEET DO 1

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The C/OH-UG	Clnstruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)
2 CANDIDATE?	MS/MRS/MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr David	Date Received
	NICKNAME LAST SUFFIX	FILED FOR RECORD
	Garcie	AT 10:40 ftm
3 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JUL 2 0 2015
OFFICEHOLDER ADDRESS	2410 Sarita	Date Hand-delivered or Postmarked
change of address	Corpus Christy JX	CLERY COUNTY COUNT NACES COUNTY, TEXA
Change of address	78405	Kecelpt & Con Con
4 REPORT TYPE	Annual Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year Month Day Year	Date Imaged
COVERED	1/15/15 THROUGH 7/15/15	2
6 TOTALS		(D)
*	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$869.08
	engineering out white or building palamentenships between	867.08
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	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON	\$
	UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	9
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7 AFFIDAVIT		
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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, Elec	ction Code.
ORLINDA MARY GARCIA		
Notary Public Signature of Candidate or Officeholder		
STATE OF TEXAS My Comm. Exp. 08-11-2019		
FOFTE		
AFFIX NOTARY STAMP / SEAL ABOVE		
10		
Sworm to and subscribed before me, by the said Mr. David Garcia, this the 20 day		
of July , 20 15 , to certify which, witness my hand and seal of office.		
Ozunda M. Harcia Orlinda M. Garcia Notary Public		
Signature of officer adm		administering oath
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