CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			Manager Control of the Control of th
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX: APT / SUITE#; CITY; 6050 BROWN MOO! Carpos Chosis, To	STATE; ZIP CODE Cler By	JUL 1 5 2014 CHANAT. BARRERA Charaft Rocupilos and Rocupi
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER SOLV 510-200/	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MBS/MR FIRST INXY NICKNAME SOLDIUMS	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CALPUT CHRISTS,	CITY; STATE;	ZFCODE ZFC/14
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 647 537 -6866	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year /
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff D	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	the Peace

GO TO PAGE 2

2014-118

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Alex C	PARCIA In. 15 A	CCOUNT # (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 GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
tue	*	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$780,00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 536 4. TOTAL POLITICAL EXPENDITURES \$ \$99.4			
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 \$			
AFFIX NOTARY STAME	VILLAND SEED TO SEED T	I swear, or affirm, under penalty of perjuits true and correct and includes all information me under Title 15, Election Code. Signature of Candidate	nation required to be eported by	
AFFIX NOTARY STAMP		\ \1	, this the	
day	of July	, 20, to certify which, witness my h Amade Wilhams	and and seal of office. Title Clerk	
Signature of officer admin	istering oath	Printed name of officer administering oath	Fitle of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Alex Gincin, Vn.	i ar hett	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAS(ID#_ 6 Contributor address; City; State; Zip Code	frand	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	Conflar Chairsis, 10 10	412	(If travel outside of	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
124/	Contributor address; City; State; Zip Code	412	250.0	N N	
14	Consus Chati 18	1115	(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		r rokac, comprete corregato 1)	
Pate 9/23/14	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Dest 1	Amount of contribution (\$)	In-kind contribution description (if applicable)	
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Principal occu	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4)	Contributor address; City; State; Zip Code		(If travel outside	 - of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See		or rexas, complete defledule 1)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
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4)			(If travel outside	 of Texas, complete Schedule T)	
Principal occu	upation / Job title (See Instructions)	Employer (See			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services			Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense			Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Distr	rict	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	e explains how to	complete this for	
1 Total pages Schedule F:	2 FILER NAME 7/	1/		3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name	1.01		
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6 Amount (\$)	7 Payee address; City; St	zat Zin Code		
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8 PURPOSE	(a) Category (See categories listed at the to	pp of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
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Amount (\$)	Payee address; City; St	tate; Zip Code		
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PURPOSE	Category (See categories listed at the to	pp of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimb Solicitation/Fundraising Expense Transportation Equipme Contributions/Donations	nt & Related Expense
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F:	2 FILER NAME ALEX GARRIS Vn. 3 ACCOUNT # (EN	hics Commission Filers)
4 Date 6/17/14	5 Payed name Curry Democratic Hants	
6 Amount (\$)	7 Payee address: City: State: Zip Code	
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, com	plete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	OH HEST Candidate / Office holder name () Office sought Office sought Sance of the text of	Office held R. 2
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	