CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE! NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	4	Date Received
-	HES CHINCIA	SUFFIX	le pgs.
4 CANDIDATE / OFFICEHOLDEF MAILING ADDRESS	ADDRESS / PO BOX; APTY QUITE #; CITY ADDRESS / PO BOX; APTY QUITE #; CITY ADDRESS / PO BOX; APTY QUITE #; CITY		FILED FOR RESORD AT
change of address	enpos Chosts, 18	BP13	Receipt # OCT 2 7 2014
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER SID-JOD /	EXTENSION	Date Processed ANA T. BARRERA Clerk, Codnty Court, Nueces, County, Tex
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST /NIXES	MI	Date Imaged Suamken
	NICKNAME SOLDIVAR	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#, CALPUT CHROTIS,	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER BLA 537 -6466	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded \$500 [imit	(officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year // / O / / / / THROUGH	Month Day 10 /24 /	Year / 4
11 ELECTION	Month Day Year ELECTION TYPE // / / // Primary	Runoff	oneral Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known) WASTITES OF POTE 2	the Perce-
	GOTOPA	2014-1	46

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	Ald G	PARCIA In.	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MASE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME	<i>P</i> T.	
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
1	¥	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 30.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30.00 \$2100. W	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$66 77.30			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	# \$/800. W	
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 fittle 15, Election Code. Signature of Candidate or Officeholder Sworn to and subscribed before me, by the said day of day of 20 to certify which witness my hand and sool of officeholder.				
AFFIX NOTARY STAMP	Cribed before n	ne, by the said Alex GARCIA	, this the	
day	of Octob	, 20 9, to certify which, witness m	y hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
			1	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	Alex Gincia, Vn.		3 ACCOUNT # (E	Ethics Commission Filers)
Date 124/	5 Full name of contributor out-of-state PAC (ID#:_ On: Manip Luiso 6 Contributor address; City; State; Zip Code	V1-710	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	C. C. 18 75412	5	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	Genzalos Chanton
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
13/14	Contributed address; Ofty; State; Zip Code		500.W	×
Principal occu	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date ,	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
120/14	Contributor address; City; State; Zip Code	·····································	loo. w	description (if applicable)
	C. C. 75 78	USL	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#_	Zones	Amount of contribution (\$)	In-kind contribution description (if applicable)
14	Contributor address; City: State: Zip Code	12	150. W	¥
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		f Texas, complete Schedule T)
				1
Date	Full name of contributor out-of-state PAC (ID#_ CONTROL TOWN Contributor address; City; State; Zip Code State Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	C.C (18 76/11/	7	(If traval autoido et	f Texas, complete Schedule T)
Principal	pation / Job title (See Instructions)	Employer (See Ins		rexas, complete schedule 1)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Alex Gincer, Vn.		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
174	e.e. 18 24	7/	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_ DR. LMM5 ELMD F2 Contributor address; City; State; Zip Code	- Ilanies	Amount of contribution (\$)	In-kind contribution description (if applicable)
Thy	5633 OCONS DA.		100.W	
Principal occur	pation, / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	PHysicismo	5017.		
Date 10/2/	Full name of contributor Unit-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
The	Contributor address; City; State; Zip Code	14	100. W	
	e. e. n /2	427		of Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Stone g	nstructions)	Towns Co.
Date / O/	Eull name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/10	Contributor address; City; State; Zip Code	*	100.W	
	C. C. TY 2545			f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	15 de 100	DEUNB
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 occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
	News	foleren o	POCUMI)	L CONTRACTY
	¥			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	CHAMBEL ATEGORII		
Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fur	s/Contract Labor Loan Repayment/Reimbursement ndraising Expense Transportation Equipment & Related Expen	
Consulting Expense	Food/Beverage Expense Travel In Distri		ise
Event Expense	Polling Expense Travel Out Of	Contributions/Donations Made by	ttee
Fees	Printing Expense Office Overhea	ad/Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how		
1 Total pages Schedule F:	2 FILER NAME ALEX GENER VI	3 ACCOUNT # (Ethics Commission Fi	ilers)
4 Date	5 Payee pame		
10/2/14	Muses Centry Don	ocnotice thing.	
6 Amount (\$)	7 Payee address; City: State: Zip Code	R.	
Too w	20 11.		
jus.	Congas Chasis, 1	- 76401	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Coursing Prony- Democrat	- INC HOTE CONTOUBLE	
9 Complete ONLY if direct expenditure to benefit C/		Office sought Defice held ATTICE STATES	2 2
Date / 1/14	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
200	20 208 /6/1		
200. W	Nhas 8 7833		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	NOVER 1151	ADVIN AD STOCK	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	7
expenditure to benefit C/0	of the Janein to Vari	That the text Rel. L, the	
Date /	Payee name 0//		
10/2/14	C. C. Collen - lin	et	
Amount (6)	Payee address; City; State; Zip Code)	
22/205	Ess W. Loun A	pasophos	
25627	e.e.18 7 560	2)	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	_
OF EXPENDITURE	DUBRITIS	Now paper DUSTIST	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Offiseholder name	Office stought Office held	2
	TIZES CINICESON	horice of the tence 101,2,16	e
Date)	CAD Enghies & Sene	on pant Co.	
Amount (\$)	Payee address; City; State; Zip Code	· 0	\dashv
7	4901 Nams 87: 4/04	<u> </u>	
555.28	e.e.ta Zo	415	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	\dashv

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

GORCIO

Office held

Description (If travel outside of Texas, complete Schedule T)

102 Office sought

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salarie Legal Services Solicit Food/Beverage Expense Travel Polling Expense Travel	ies/Wages/Contract Labor tation/Fundraising Expense I In District Out Of District Overhead/Rental Expense ins how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME ALEX CANCIA	Vn.	3 ACCOUNT # (Ethics Commission Filers)
4 Date / / / /	5 Payee name	4	
6 Amount (\$) 2645	7 Payee address; City: State; Zi	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci	(b) Description	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	
Date 10/7/14	Payee name Production	5	
Amount (\$)	Payee address; City; State; Zin	p Code	
200.W	C.C.N	4467	
PURPOSE OF	Category (See categories listed at the top of this sch	hedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	VIII . CAS.	UMD	HODDIETH-
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	ATTRE of the	Done Par. 2, 12 2
10/5/14	Payee name		g 2
Amount (\$)	Payee address; City; State; Zip	Code	
137.82	C. CIX 7	1412	
PURPOSE	Category (See categories listed at the top of this sch	nedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVAN158	Sism	moranine clounde
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Offiseholder name H HUN NOUCH	Office sough	the Pencer AVI. 2, Ph. 2
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	edule) Description ((If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Offiseholder name	Office sought	From Det. 2 AZ
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	NEEDED