

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
*Mr. Alexander L.*  
 NICKNAME LAST SUFFIX  
*Alex Garcia Jr.*

OFFICE USE ONLY

Date Received  
**FILED FOR RECORD**  
**AT 4:38 PM**  
**OCT 06 2014**  
 Date Hand Delivered or Postmarked  
 By *MANA T. BARRERA*  
 Deputy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT./SUITE #; CITY; STATE; ZIP CODE  
*6050 Broadmoor*  
*Compt. Christi, TX 78413*

change of address

Receipt # Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*361 510-2001*

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
*Mrs. Inxy Soldana*  
 NICKNAME LAST SUFFIX

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT./SUITE #; CITY; STATE; ZIP CODE  
*3226 Gibraltar*  
*Compt. Christi, TX 78414*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*361 537-6466*

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*7 11 14* THROUGH *9 30 14*

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
*11 14 14*  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Justice of the Peace*  
*DET. 2, Ph 2*

GO TO PAGE 2

2014-137

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Alex Garcia Jr.

15 ACCOUNT # (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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ <u>175.00</u>
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>660.00</u>
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>6.94</u>
4.	TOTAL POLITICAL EXPENDITURES	\$ <u>2391.01</u>
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>300.00</u>

EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

18 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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alex Garcia Jr., this the 6th day of August, 20 14, to certify which, witness my hand and seal of office.

[Signature] Amanda Williams HR/Payroll  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>Alex Garcia, Jr.</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/31/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicki Garzo</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>526 Harrison St. C.E. TX 78408</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <i>RETIRED</i>			10 Employer (See Instructions)	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas &amp; Teresa Klein</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>5501 Montrose C.E. TX 78411</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Professor</i>			Employer (See Instructions) <i>St. Mark College</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emile Salbun</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>4513 Grand Lake Dr. C.E. TX 78413</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Doctor</i>			Employer (See Instructions) <i>CCMC</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shawn F. Martin</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>7402 Lake Monticello Ct. C.E. TX 78413</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>			Employer (See Instructions) <i>Self</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen L. Pratt</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>15205 Isla Pratta C.E. TX 78418</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Doctor</i>			Employer (See Instructions) <i>Massport</i>	

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



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Alex Garcia Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/5/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leticia M. Perez</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2405 S. Shea Parkway e.e.t.v 78413</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Banker</i>		10 Employer (See Instructions) <i>FIRST COMMUNITY</i>	
Date <i>9/5/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leo A. Treviño</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6730 Woodridge e.e.t.v 78413</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Ernst &amp; Young, CPA</i>	
Date <i>9/4/14</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew J. Salmer</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5010 Mayland e.e.t.v 78413</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>GRANITE CONSULTING</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doreen H. Deorokha</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>557 Cent town blvd. e.e.t.v 78413</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hilma Loui Hiron</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8745 Bonanza e.e.t.v 78416</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Alex Ennein, Jr

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/5/14

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

Anderson D. Brown, DDS

6 Contributor address; City; State; Zip Code

514 S Douglas  
C.E. TX 78411

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

DDS/117

10 Employer (See Instructions)

Self

Date

9/4/14

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

Fred J. Johnson

Contributor address; City; State; Zip Code

6917 Windy Capet Dr  
C.E. TX 78114

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Self

Date

9/4/14

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

Mary Ponce

Contributor address; City; State; Zip Code

7006 Travis 15th Ct.  
C.E. TX 78114

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Airlines Staff

Employer (See Instructions)

American Airlines

Date

9/4/14

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

MELINA Lopez-Lano

Contributor address; City; State; Zip Code

225 S. Douglas  
C.E. TX 78411

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DR. Johnson

Employer (See Instructions)

Self

Date

9/4/14

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

Richard Martinez

Contributor address; City; State; Zip Code

217 Joplin Ln  
C.E. TX 78414

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Alex Gannan, Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/4/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julio Flores</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7513 Beau Trails c.e.t.</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ADMINISTRATOR / CPA</i>		10 Employer (See Instructions) <i>STATS PYRAM</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas H. Jones</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 27623 c.e.t. 75427</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OFFICER</i>		Employer (See Instructions) <i>COMMUNITY CREDIT UNION</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfreda Langford</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>205 Arrow Court c.e.t. 7543</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions)	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>COOL CHILDRN</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 South Mabien c.e.t. 75411</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Drucker</i>		Employer (See Instructions) <i>FRONTIER BANK</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor G. Moore</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1202 Brazos Dr c.e.t. 75412</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SALES</i>		Employer (See Instructions) <i>1870 Group - KNOX CO</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Alex Gmeia, Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/4/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>V. A. Veith</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5701 Cross Dr e.e.Tx 78412</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		10 Employer (See Instructions)	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Gmeia, Jr.</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5402 Preston e.e.Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>9/5/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AMY R. GROWBURY</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25 Rowland Denton, TX 78714</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Charter Floor</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura L. Estrada</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3518 Fairmont Dr. e.e.Tx 78405</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Nesin</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason R. Utton</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5573 Rowland Dr. e.e.Tx 78413</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Alon Ennis, Jr</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/8/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert E. Porter</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 12070 C.E.T. 78715</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Manager</i>		10 Employer (See Instructions) <i>Repcon</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Adler</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>106 Rinder C.E.T. 78711</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions) <i>ADLER MORTG</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>George Mostyhasi</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5329 Woodridge C.E.T. 78714</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ENGINEER</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stephano Goner</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>268 Noma C.E.T. 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Miriam Alvarez</i>	Amount of contribution (\$) <i>30.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>406 Santa Monica C.E.T. 78713</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Allyson Eimerich*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*9/4/14*

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

*Carolyn Moran*

6 Contributor address; City; State; Zip Code

*6902 Columbia  
C.E.T. TX 78411*

7 Amount of contribution (\$)

*200.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*RETIRED*

10 Employer (See Instructions)

Date

*8/19/14*

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

*YESTIE DIZ*

Contributor address; City; State; Zip Code

*2105 Tally Ho Rd.  
Cedar Park, TX 78616*

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/20/14*

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

*Michael L. Shaw*

Contributor address; City; State; Zip Code

*50 Madison St Suite 202  
Durham, Co. 28206*

Amount of contribution (\$)

*1000.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/26/14*

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

*Andrew B. Inghman*

Contributor address; City; State; Zip Code

*1552 Vanguard  
Corpus Christi, TX 78410*

Amount of contribution (\$)

*200.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/4/14*

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

*Allyson Mykopoulos*

Contributor address; City; State; Zip Code

*3702 Bluff Dr  
C.E.T. TX 78413*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Alex Garcia, Jr.*

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

*8/19/14*

7 Name of lender

*Alex Garcia Jr.*

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

*800.00*

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

*6050 Broadmoor  
C.C.TX 78113*

10 Interest rate

*- 0 -*

11 Maturity date

*N/A*

12 Principal occupation / Job title (See Instructions)

*Direct Marketing Manager*

13 Employer (See Instructions)

*Mike Shaw Toyota*

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>	2 FILER NAME: <b>Alex Garcia Vn.</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <b>7/16/14</b>	5 Payee name: <b>Plano Twp Topics</b>	
6 Amount (\$): <b>172.12</b>	7 Payee address; City; State; Zip Code: <b>8701 Myers #401 Corpus Christi, Texas 78415</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>Political Bus Cards</b>	(b) Description (If travel outside of Texas, complete Schedule T): <b>Business Cards</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Alex Garcia, Vn.</b>	Office sought: <b>Justice of the Peace - Prec. 2, Pl. 2</b> Office held:
Date: <b>7/23/14</b>	Payee name: <b>Ensemble Group</b>	
Amount (\$): <b>200.00</b>	Payee address; City; State; Zip Code: <b>10201 S. Padre Island Dr. Corpus Christi, TX 78418</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Political expenditures</b>	Description (If travel outside of Texas, complete Schedule T): <b>WEB PAGE</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Alex Garcia Vn.</b>	Office sought: <b>Justice of the Peace Prec. 2, Pl. 2</b> Office held:
Date: <b>7/14/14</b>	Payee name: <b>Southwest Airlines</b>	
Amount (\$): <b>157.00</b>	Payee address; City; State; Zip Code: <b>1000 Eastward Tower L Dr. Corpus Christi, TX 78406</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Political expenditures</b>	Description (If travel outside of Texas, complete Schedule T): <b>TRAVEL STATE CONVENTION</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Alex Garcia, Vn.</b>	Office sought: <b>Justice of the Peace Prec. 2, Pl. 2</b> Office held:
Date: <b>7/29/14</b>	Payee name: <b>Minority Recruitment Project</b>	
Amount (\$): <b>20.00</b>	Payee address; City; State; Zip Code: <b>6622 Lebron Rd. #102 Corpus Christi, TX 78413</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Contributions</b>	Description (If travel outside of Texas, complete Schedule T):
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Alex Garcia, Vn.</b>	Office sought: <b>Justice of the Peace Prec. 2, Pl. 2</b> Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>Alex Garcia, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/26/14</b>		5 Payee name <b>Arrow Displays</b>			
6 Amount (\$) <b>135.31</b>		7 Payee address; City; State; Zip Code <b>1343 S. Doyle Campus Christi, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Campaign Signs</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Sign over lawn</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Alex Garcia, Jr.</b>		Office sought <b>Justice of the Peace - Prec. 2, Pl. 2</b>	
Date <b>8/14/14</b>		Payee name <b>Arrow Displays</b>			
Amount (\$) <b>483.07</b>		Payee address; City; State; Zip Code <b>1343 S. Doyle Campus Christi, TX 75404</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Campaign Signs</b>		Description (If travel outside of Texas, complete Schedule T) <b>Hand Sign / CAR</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Alex Garcia, Jr.</b>		Office sought <b>Justice of the Peace Prec. 2, Pl. 2</b>	
Date <b>8/23/14</b>		Payee name <b>Jet Hoxlow</b>			
Amount (\$) <b>63.72</b>		Payee address; City; State; Zip Code <b>4041 South Faylor Campus Christi, TX 75111</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Campaign Sign</b>		Description (If travel outside of Texas, complete Schedule T) <b>Street + Ties</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Alex Garcia, Jr.</b>		Office sought <b>Justice of the Peace Prec. 2, Pl. 2</b>	
Date <b>9/20/14</b>		Payee name <b>Richard Gorman</b>			
Amount (\$) <b>DD.W</b>		Payee address; City; State; Zip Code <b>4110 Roscoe Campus Christi, TX 75416</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Campaign Signs</b>		Description (If travel outside of Texas, complete Schedule T) <b>4x4 + Magnets</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Alex Garcia, Jr.</b>		Office sought <b>Justice of the Peace Prec. 2, Pl. 2</b>	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME: <b>Alex Garcia V.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <b>7/24/14</b>		5 Payee name: <b>Harbor Freight Tools</b>			
6 Amount (\$): <b>2848</b>		7 Payee address; City; State; Zip Code: <b>4955 Ryans C.E. TX 78415</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule): <b>Campaign Expenses</b>		(b) Description (If travel outside of Texas, complete Schedule T): <b>8800 Tools</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>Alex Garcia V.</b>		Office sought: <b>Justice of the Peace - Prec. 2, Prec. 2</b>	
Date: <b>8/12/14</b>		Payee name: <b>Office Depot</b>			
Amount (\$): <b>9.24</b>		Payee address; City; State; Zip Code: <b>1737 S. Dup 155 C.E. TX 78404</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <b>Campaign Expenses</b>		Description (If travel outside of Texas, complete Schedule T): <b>Badge Materials</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>Alex Garcia V.</b>		Office sought: <b>Justice of the Peace Prec. 2, Prec. 2</b>	
Date: <b>8/29/14</b>		Payee name: <b>Quantum Topics</b>			
Amount (\$): <b>45.94</b>		Payee address; City; State; Zip Code: <b>401 Ryans #401 Computer Christi, TX 78415</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <b>Political Park Costs</b>		Description (If travel outside of Texas, complete Schedule T): <b>Park Costs</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>Alex Garcia V.</b>		Office sought: <b>Justice of the Peace Prec. 2, Prec. 2</b>	
Date: <b>8/25/14</b>		Payee name: <b>U-Line Discount</b>			
Amount (\$): <b>10233</b>		Payee address; City; State; Zip Code: <b>P.O. Box 85741 Chicago, IL 60680</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <b>Campaign Materials</b>		Description (If travel outside of Texas, complete Schedule T): <b>Open Thread Bags</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>Alex Garcia V.</b>		Office sought: <b>Justice of the Peace Prec. 2, Prec. 2</b>	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>	2 FILER NAME <b>Alex Garcia, Jr.</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>9/19/14</b>	5 Payee name <b>KATE 21</b>	
6 Amount (\$) <b>93.50</b>	7 Payee address; City; State; Zip Code <b>5702 Spibin Drive Coppell, TX 75413</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fundraising expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Food</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Alex Garcia, Jr.</b>	Office sought <b>Justice of the Peace - Prec. 2, Pl. 2</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Alex Garcia, Jr.</b>	Office sought <b>Justice of the Peace Prec. 2, Pl. 2</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Alex Garcia, Jr.</b>	Office sought <b>Justice of the Peace Prec. 2, Pl. 2</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Alex Garcia, Jr.</b>	Office sought <b>Justice of the Peace Prec. 2, Pl. 2</b>

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