

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Alexander W.</i> <hr/> NICKNAME LAST SUFFIX <i>Alex Garcia</i>	OFFICE USE ONLY <hr/> Date Received <p style="color: blue; font-weight: bold;">FILED FOR RECORD AT 3:37 PM JUL 15 2016</p> <p style="color: blue; font-weight: bold;">KARA SANDS CLERK COUNTY CLERK, NUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY</p> <hr/> 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 Broadway Corpus Christi, TX 78403</i>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 510-2001</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs. RAY</i> <hr/> NICKNAME LAST SUFFIX <i>SOLDIWAR</i>	Receipt #	Amount \$								
		Date Processed									
		Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3226 Gibrotter Corpus Christi, TX 78414</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 537-6466</i>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input checked="" 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;"><i>2 23 2016</i></td> <td></td> <td style="text-align: center;"><i>6 30 2016</i></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<i>2 23 2016</i>		<i>6 30 2016</i>		
Month Day Year	THROUGH	Month Day Year									
<i>2 23 2016</i>		<i>6 30 2016</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>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

\$ 125.00

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

\$ 3750.00

EXPENDITURE
TOTALS

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

\$ 49.12

4. TOTAL POLITICAL EXPENDITURES

\$ 675.00

CONTRIBUTION
BALANCE

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

\$

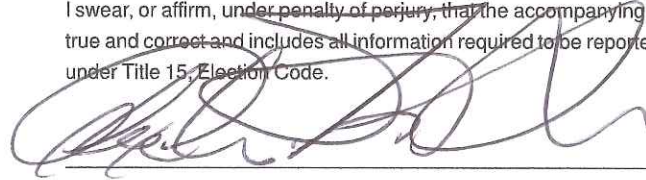
OUTSTANDING
LOAN TOTALS

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

\$ 500.00

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alex Garcia, this the 15 day of July, 20 16, to certify which, witness my hand and seal of office.



Elvia S. Castro

TX State Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3750.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 675.00
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:
2 FILER NAME <i>Alexander L Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Betsy K. Mosler</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>2217 Spout to Sea, Union St, C.E.T. 78412</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions) <i>RETIRED</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vera Alvarez, Jr.</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>5625 Whitman Dr, C.E.T. 78413</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions) <i>RETIRED</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol C. Flaris</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>326 Maxwell Dr, C.E.T. 78408</i>		
Principal occupation / Job title (See Instructions) <i>INSTRUCTOR</i>		Employer (See Instructions) <i>CCISD</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marilyn Darcost</i>	Amount of contribution (\$) <i>40.00</i>
Contributor address; City; State; Zip Code <i>162 Lantana Ln, C.E.T. 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self-employed</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Alexander L. Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Kinsburg</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>4600 CEDAR DR #607, C.E.T. TX 75412</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED INS. AGENT</i>		9 Employer (See Instructions) <i>RETIRED</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Garcia</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2816 N. MEADOW, C.E.T. TX 75415</i>		
Principal occupation / Job title (See Instructions) <i>Housewife</i>		Employer (See Instructions) <i>Housewife</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary E. Pierce</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>7006 TRANSELLO CT, C.E.T. TX 75414</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED - FIRE WORKER</i>		Employer (See Instructions)
Date <i>6/30/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.C. Loney (Marvin)</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>105 HUNTERMAN RD, FORT WORTH TX</i>		
Principal occupation / Job title (See Instructions) <i>ADMINISTRATOR - PROPERTY</i>		Employer (See Instructions) <i>Lindenberg, Goyens, Blain & Singer</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Alexander L Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Martinez</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>217 Applin Ln, C.C.T. TX 75114</i>		
8 Principal occupation / Job title (See Instructions) <i>ENGINEER</i>		9 Employer (See Instructions) <i>Martinez Engineering</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Dibble</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>737 Beau Lane, C.C.T. TX 75114</i>		
Principal occupation / Job title (See Instructions) <i>Boater JVP</i>		Employer (See Instructions) <i>NAVY NAVY Credit Union</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel M. FEFERMAN</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>318 Bermuda Pl, C.C.T. TX 75111</i>		
Principal occupation / Job title (See Instructions) <i>DRIVER</i>		Employer (See Instructions) <i>Self</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amirhossein Zanghavi</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>46 West Palo Verde, C.C.T. TX 75114</i>		
Principal occupation / Job title (See Instructions) <i>Builder</i>		Employer (See Instructions) <i>Green Construction</i>

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:

2 FILER NAME

Alexander L Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Alex Garcia Sr.

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

5402 Preston, C. TX 75413

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

6/30/16

Full name of contributor

out-of-state PAC (ID#: _____)

Alicia Garcia

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

5402 Preston, C. TX 75413

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

6/30/16

Full name of contributor

out-of-state PAC (ID#: _____)

Carlos O. Chollar

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2529 Gullhorn, C. TX 75415

Principal occupation / Job title (See Instructions)

Bookkeeper

Employer (See Instructions)

Chollar Business Consultants

Date

6/30/16

Full name of contributor

out-of-state PAC (ID#: _____)

Michael Perez

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4455. Shea Pt, C. TX 75413

Principal occupation / Job title (See Instructions)

Insurance Broker

Employer (See Instructions)

Kopcar

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Alexander L Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Peetz & Lewis</i>	7 Amount of contribution (\$) <i>300.00</i>
6 Contributor address; City; State; Zip Code <i>402 Montette Dr, C.E.P 75112</i>		
8 Principal occupation / Job title (See Instructions) <i>Insurance Broker</i>		9 Employer (See Instructions) <i>State Farm Insurance Agency, Inc.</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guindo Norkanni</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2712, C.E.P 75117</i>		
Principal occupation / Job title (See Instructions) <i>Engineer / CEO</i>		Employer (See Instructions) <i>Guindo Development LLC</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Thomas Tangheroni</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>7209 S. Staples, Ste 102, C.E.P 75114</i>		
Principal occupation / Job title (See Instructions) <i>Broker - owner</i>		Employer (See Instructions) <i>Kevin Thomas Real Estate</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Winebrang, Gregg, Bank & Insurance</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1748, C.E.P 75110</i>		
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Winebrang Gregg Bank & Insurance LLC</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Alexander L Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Will Denton</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>5301 S. Staples Blvd, C.C.T. TX 75413</i>		
8 Principal occupation / Job title (See Instructions) <i>CEO Agent / Producer</i>		9 Employer (See Instructions) <i>State Farm Ins.</i>
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria & Gus Rojas</i>	Amount of contribution (\$) <i>70.00</i>
Contributor address; City; State; Zip Code <i>4042 Bohomo C.C.T. TX 75415</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike & Carol Thomas</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>1777 Waldron Rd #15-25 C.C.T. TX 75418</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>6/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Tenetoz</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4910 Bunsford Dr. C.C.T. TX 75415</i>		
Principal occupation / Job title (See Instructions) <i>Housewife Denton</i>		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:
2 FILER NAME <i>Alexander L Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BOO GARCIA</i>	7 Amount of contribution (\$) <i>8</i>
6 Contributor address; City; State; Zip Code <i>1021 Camberlain St. C. P. Way</i>		<i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>REAL ESTATE INVESTOR</i>		9 Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Alexander L. Garcia</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>500.00</u>
5 Date of loan <u>4/2/16</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mos Garcia</u>	9 Loan Amount (\$) <u>500.00</u>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <u>6050 Broadmoor Conover Christy, TX 75413</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>Reception</u>		13 Employer (See Instructions) <u>K&M Premium Real Estate</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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 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>5/26/16</i>	5 Payee name <i>Receival Motion, LLC</i>	
6 Amount (\$) <i>675.00</i>	7 Payee address; City; State; Zip Code <i>5757 Woodbridge Rd Apt 37B Corpus Christi, TX 78414</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donations / Push Cards</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>Justice of the Peace 2017, Pl. 1</i> 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 ONLY 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED