




Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

Campaign Finance Report

|   |                                |   |
|---|--------------------------------|---|
|  |                                | <i>Stan Stanart</i><br>COUNTY CLERK<br>HARRIS COUNTY, TEXAS |
| FileNo:   | 2018188                        |   |
| Received By Clerk:  | 1/23/2018                      |   |
| File Date:  | January 23, 2018               |   |
| Office:   | Commissioner Pct. 2            |   |
| Candidate:  | Garcia, Adrian                 |   |
| Treasurer:  | Garcia, Monica                 |   |
| Category:   | Contributions And Expenditures |   |
| Delivered By:   | Courier                        |   |
| Type:   | COR                            |   |

Harris County No Fee

# 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 /<br>OFFICEHOLDER<br>NAME                          | MS / MRS / MR<br><b>Mr.</b>   | FIRST<br><b>Adrian</b>                | MI   |
|  | NICKNAME  | LAST<br><b>Garcia</b>                 | SUFFIX   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>PO Box 30066 Houston TX 77249-006</b>  |                                       |  |
|  | <input type="checkbox"/> Change of Address  |                                       |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                          | AREA CODE<br><b>( 832 )</b>   | PHONE NUMBER<br><b>814-2421</b>       | EXTENSION  |
|  | Date Hand-delivered or Date Postmarked  |                                       |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                | MS / MRS / MR<br><b>Mrs.</b>  | FIRST<br><b>Monica</b>                | MI   |
|  | NICKNAME  | LAST<br><b>Garcia</b>                 | SUFFIX   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>705 Sue St Houston, TX 77009</b>  |                                       |  |
|  | Area Code Phone Number Extension<br><b>( 713 ) 699-2539</b>   |                                       |  |
| 9 REPORT TYPE  | <input checked="" 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)<br><input 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<br>Month Day Year    12 / 26 / 2017    THROUGH    Month Day Year    12 / 31 / 2017  |                                       |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>03 / 06 / 2018</b>  |                                       | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |
|  | 12 OFFICE<br>OFFICE HELD (if any)   |                                       | 13 OFFICE SOUGHT (if known)<br><b>Harris County Commissioner, Precinct 2</b>   |
| GO TO PAGE 2   |   |                                       |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Adrian Garcia** 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                       |
| <input type="checkbox"/> GENERAL  |                                      |
| <input type="checkbox"/> 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 | \$ 0   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 650 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 0   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0   |

18 AFFIDAVIT

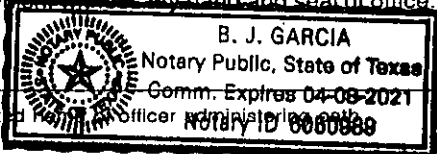
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Adrian Garcia*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **ADRIAN GARCIA**, this the **23rd** day of **January**, 20 **19**, to certify with my hand and seal of office.

*B. J. Garcia*  
Signature of officer administering oath

 B. J. GARCIA  
Notary Public, State of Texas  
Comm. Expires 04-08-2021  
Notary ID 00600889

Title of officer administering oath

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

|   |   |   |   |
|---|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A2: 1  |   |
| 2 FILER NAME<br><b>Adrian Garcia</b>  |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$ 650  |   |
| 5 Date<br><b>12/27/2017</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jose Gonzalez</b>                     | 8 Amount of Contribution \$<br><b>650</b>   | 9 In-kind contribution description<br><b>Expenses for fundraiser: Food</b>      |
| 7 Contributor address; City; State; Zip Code<br><b>515 E Nasa Pkwy, Webster, TX 77598</b>   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Owner</b>   |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Mamasitas Mexican Cantina</b> |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                          |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                           |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |   |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of Contribution \$   | In-kind contribution description  |
|   |   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |   | Employer (FOR NON-JUDICIAL) (See Instructions)  |   |
| Contributor's principal occupation (FOR JUDICIAL)   |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                             |   |
| Contributor's employer/law firm (FOR JUDICIAL)  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                              |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |   |