

Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report

UNOFFICIAL COPY



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:	201866
Received By Clerk:	1/16/2018
File Date:	January 16, 2018
Office:	County Treasurer
Candidate:	Garcia, Cosme D.
Treasurer:	Garcia, Jessica H.
Category:	Contributions And Expenditures
Delivered By:	Electronically Filed
Type:	COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

201866

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Enter Commission File #)	2 Total pages filed 5
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MS Mr.	FIRST Cosme	MI D.
	LAST Garcia		SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
1423 Demoree Ln. Houston, TX, 77029			
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(832) 324-5954			
6 CAMPAIGN TREASURER NAME	MR / MRS / MS Mrs.	FIRST Jessica	MI H
	LAST Garcia		SUFFIX
Date Received			
Date Hand delivered or Date Postmarked			
Receipt #		Amount \$	
Date Processed			
Date Inaugural			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX IF APPLICABLE)		APT / SUITE # CITY STATE ZIP CODE
1423 Demoree Ln. Houston, TX 77029			
<i>(Residence or Business)</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(832) 324-5954			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Annual <input type="checkbox"/> 15th day after campaign treasurer appointment (Lithographer Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 90th day before election <input type="checkbox"/> Pre-audited (\$200 limit) <input type="checkbox"/> Final Report (Attach C/OH FR)		
10 PERIOD COVERED	Month	Day	Year
	11	09	17
	THROUGH		Month Day Year
			12, 31 17
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	03	06 18	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known)
			Harris County Treasurer

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

201866

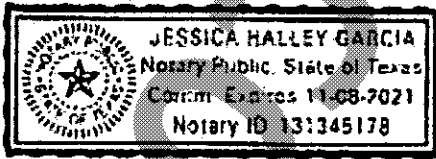
14 C/OH NAME Cosme D. Garcia 15 Fear ID (Ethics Commission Filer) _____

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS PAGE 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"/> SPECIAL <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	\$	Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	—
	4. TOTAL POLITICAL EXPENDITURES	\$	1,453. ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	Ø

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 Cosme D. Garcia, this the 15th day of January, 2018, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Jessica Halley Garcia Title of officer administering oath Notary Public

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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

201866

19 FILER NAME <i>Cosme D. Garcia</i>		20 Filer ID (E# or Commission F#)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \emptyset
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \emptyset
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \emptyset
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ \emptyset
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \emptyset
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \emptyset
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ \emptyset
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \emptyset
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,453 ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ \emptyset
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \emptyset
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \emptyset

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|--|---|---|
| Advertising Expenses
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
(Credit Card Payment) | Event Expense
Fees
Food/Beverage Expense
Fuel/Airfare/Transportation Expenses
Legal Services | Travel Expenses (Third-Party) and
Office Overhead/Rental Expense
Printing Expenses
Salaries/Wages/Contract Labor | Subscription/Printing Expenses
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above) |
|---|--|---|---|

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Cosme D. Garcia	3 Filer ID (Ethics Commission Filers) /
---------------------------------------	--	---

4 Date 11/29/17	5 Payee name Nico Matthews Consulting
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6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions included	7 Payee address, City, State, Zip Code 2718 Cliffdate St., Houston, TX, 77091
---	---

8 PURPOSE OF EXPENDITURE Consulting Expense	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule E. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
---	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cosme D. Garcia	Office sought County Treasurer	Office held
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Date 11/30/17	Payee name Harris County Democratic Party
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Amount (\$) \$1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions included	Payee address, City, State, Zip Code 1445 N. Loop West., Ste 110 Houston, TX, 77008
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PURPOSE OF EXPENDITURE Fees	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule E. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
---------------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cosme D. Garcia	Office sought County Treasurer	Office held
---	---	--	-------------

Date 12/31/17	Payee name Blockbuster Print.com
-------------------------	--

Amount (\$) \$46.00 <input checked="" type="checkbox"/> Reimbursement from political contributions included	Payee address, City, State, Zip Code 740 N. Rush St. Chicago, IL, 60611
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PURPOSE OF EXPENDITURE Printing Expense	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule E. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
---	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cosme D. Garcia	Office sought County Treasurer	Office held
---	---	--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expenses
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Out-of-Country Travel

Event Expense
Fees
Food/Beverage Expense
Gift/Amenity/Merchandise Expenses
Legal Services

Travel Expenses (Train/Bus/Airfare)
Office Overhead/Rental Expense
Printing Expenses
Printing Expense
Subscriptions/Website/Consultation

Solicitation/ Fundraising Expenses
Transportation/Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G: 2	2. FILER NAME Cosme D. Garcia	3. Filer ID (Ethics Commission Filers) _____
4. Date 12/22/18	6. Payee name Facebook	
5. Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursed from political contributions intended	7. Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
9. Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cosme D. Garcia	Office sought County Treasurer
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursed from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursed from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursed from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

RECORDER'S MEMORANDUM:
 At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED