


Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

### Campaign Finance Report

		<i>Stan Stanart</i> 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 <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MN <b>Mr.</b> SUFFIX	FIRST <b>Cosme</b> LAST	MI <b>D.</b> SUFFIX
	Garcia		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	1423 Demoree Ln. Houston, TX, 77029		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	324-5954	
6 CAMPAIGN TREASURER NAME	MR / MRS / MR	FIRST	MI
	<b>Mrs.</b> SUFFIX	<b>Jessica</b> LAST	<b>H</b> SUFFIX
Garcia			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	1423 Demoree Ln. Houston, TX 77029		
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"/> July 15	<input type="checkbox"/> 9th day before election	<input type="checkbox"/> Preceded \$200 limit
10 PERIOD COVERED	Month	Day	Year
	11	09	17
11 ELECTION	ELECTION DATE	Month	Day
	03	06	18
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)	
		Harris County Treasurer	

**OFFICE USE ONLY**

Date Received

Date Hand delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Inaugural	

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GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

201866

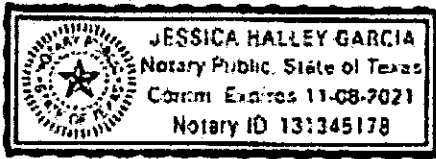
14 C/OH NAME Cosme D. Garcia 15 Fear ID (Ethics Commission Filer) \_\_\_\_\_

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS 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"/> SPECIAL  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TOL/AGENCY 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>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,453.<sup>00</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 15<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

*[Signature]* \_\_\_\_\_  
Signature of officer administering oath

Jessica Halley Garcia  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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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 (Elections Commission Filers) <i>[Signature]</i>
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 <sup>00</sup>
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	\$ $\emptyset$

COPY

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Cosme D. Garcia</b>	3 Filer ID (Ethics Commission Filers) <b>/</b>
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4 Date <b>11/29/17</b>	5 Payee name <b>Nico Matthews Consulting</b>
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6 Amount (\$) <b>\$150.00</b> <input checked="" type="checkbox"/> Reimbursement from political committee included	7 Payee address, City, State, Zip Code <b>2718 Cliffdate St., Houston, TX, 77091</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule E. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cosme D. Garcia</b>	Office sought <b>County Treasurer</b>	Office held
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Date <b>11/30/17</b>	Payee name <b>Harris County Democratic Party</b>
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Amount (\$) <b>\$1,250.00</b> <input checked="" type="checkbox"/> Reimbursement from political committee included	Payee address, City, State, Zip Code <b>1445 N. Loop West., Ste 110 Houston, TX, 77008</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule E. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cosme D. Garcia</b>	Office sought <b>County Treasurer</b>	Office held
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Date <b>12/31/17</b>	Payee name <b>Blockbuster Print.com</b>
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Amount (\$) <b>\$46.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions included	Payee address, City, State, Zip Code <b>740 N. Rush St. Chicago, IL, 60611</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule E. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cosme D. Garcia</b>	Office sought <b>County Treasurer</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

