

# 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: <b>25</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>Adrian</b>	MI
	NICKNAME <b>GARCIA</b>	LAST	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #	CITY;	STATE;	ZIP CODE
	<b>705 SWE STREET Houston, TX 77009</b>			

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(713)</b>	PHONE NUMBER <b>247-2003</b>	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>MONICA</b>	MI
	NICKNAME <b>GARCIA</b>	LAST	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLASC); APT / SUITE #;	CITY;	STATE;	ZIP CODE
<b>705 SWE STREET Houston, TX. 77009</b>				

8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(713)</b>	PHONE NUMBER <b>694-9458</b>	EXTENSION
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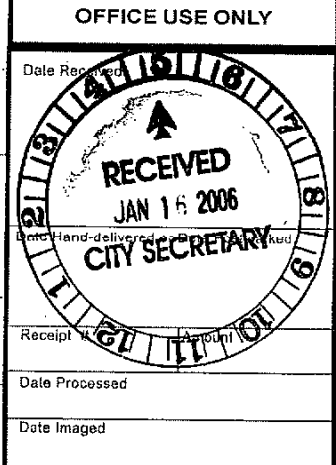
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
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10 PERIOD COVERED	Month Day Year <b>7 / 1 / 06</b>	THROUGH	Month Day Year <b>12 / 31 / 06</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>10 / / 07</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
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12 OFFICE OFFICE HELD (if any) <b>COUNCIL MEMBER</b>	13 OFFICE SOUGHT (if known)
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			



GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME **ADRIAN GARCIA** 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)  
  
 additional pages

\*\* This box is for notice of political expenditures 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <del>0</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <del>0</del>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <del>7.00</del> <b>7.00</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>24,432.21</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>86,298.18</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <del>0</del>

19 AFFIDAVIT

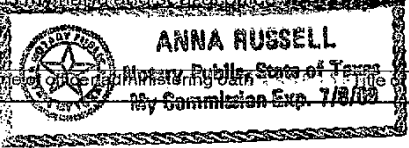
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 **16th** day of **January**, 20**07**, to certify which, witness my hand and seal of office.

*Anna Russell*  
Signature of officer administering oath



Printed name of officer administering oath: **ANNA RUSSELL**  
Title of officer administering oath: **Notary Public, State of Texas**  
**My Commission Exp. 7/8/09**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>1-22</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/6/06</b>	5 Payee name <b>CYBER ONE SYSTEMS</b>	7 Amount (\$) <b>\$250.00</b>
6 Payee address; City; State; Zip Code <b>4032 GULF STREET HOUSTON, TX. 77087</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>WEBSITE DEVELOPMENT</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>7/7</b>	Payee name <b>BULLS EYE STORAGE</b>	Amount (\$) <b>\$126.00</b>
Payee address; City; State; Zip Code <b>1715 ARLINE HOUSTON, TX. 77009</b>		
Purpose of payment (See instructions regarding type of information required.) <b>STORAGE</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>7/13</b>	Payee name <b>BREAKFAST CLUB</b>	Amount (\$) <b>\$376.17</b>
Payee address; City; State; Zip Code <b>3711 TRAVIS HOUSTON, TX. 77002</b>		
Purpose of payment (See instructions regarding type of information required.) <b>COUNCIL BREAKFAST</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>7/14</b>	Payee name <b>Eddie Thomas</b>	Amount (\$) <b>\$250.00</b>
Payee address; City; State; Zip Code <b>2140 MOSHER HOUSTON, TX. 77008</b>		
Purpose of payment (See instructions regarding type of information required.) <b>LUNCH FOR VOLUNTEERS</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 -

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission files)

4 Date

~~5/17~~  
7/17

5 Payee name

Continental Airlines

6 Payee address; City; State; Zip Code

1600 Smith  
Houston, Tx. 77002

7 Amount (\$)

\$943.10

8 Purpose of payment (See instructions regarding type of information required.)

BTrip to review NYPD Computat  
Police program  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

7/17

Payee name

Continental Airlines

Payee address; City; State; Zip Code

1600 Smith St  
Houston, Tx. 77002

Amount (\$)

\$361.90

Purpose of payment (See instructions regarding type of information required.)

hotel room for NY trip  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

7/17

Payee name

PLAXO, Inc.

Payee address; City; State; Zip Code

1300 CRITTENDEN LANE, STE. 300  
MOUNTAIN VIEW, CA 94043

Amount (\$)

\$49.95

Purpose of payment (See instructions regarding type of information required.)

Database System  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

7/17

Payee name

City Hall Restaurant

Payee address; City; State; Zip Code

New York City Hall  
New York, New York 10007

Amount (\$)

\$69.61

Purpose of payment (See instructions regarding type of information required.)

BREAKFAST mtg. w/ Center for Comm  
Innovation  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
3 -

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission files)

4 Date  
7/17

5 Payee name  
CAKES to REMEMBER  
6 Payee address; City; State; Zip Code  
2007 West 14th Street  
Houston, TX 77008

7 Amount (\$)  
\$314.93

8 Purpose of payment (See instructions regarding type of information required.)  
Flowers for continents  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7/17

Payee name  
Subway  
Payee address; City; State; Zip Code  
3717 N. MAIN STREET  
HOUSTON, TX 77009

Amount (\$)  
\$111.97

Purpose of payment (See instructions regarding type of information required.)  
lunch for working mtg.  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7/19

Payee name  
Carlos DeAlejandro  
Payee address; City; State; Zip Code  
6117 BROOKLEA  
Houston, TX, 77087

Amount (\$)  
\$500.00

Purpose of payment (See instructions regarding type of information required.)  
DONATION FOR MEDICAL EXPENSES  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7/19

Payee name  
Go Go Gomez Printing  
Payee address; City; State; Zip Code  
8223 BO JACK  
Houston, TX. 77040

Amount (\$)  
\$568.00

Purpose of payment (See instructions regarding type of information required.)  
TSHIRTS FOR CHRONOPHORE 18 EVENT  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4 -

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/19

5 Payee name

Katy Express Softball Team

7 Amount (\$)

\$500.00

6 Payee address; City; State; Zip Code

5315 Pontage Rock Lane  
Katy, TX. 77450

8 Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

7/21

Payee name

Organization of Spanish Speaking Officers

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

901 North Loop West  
Houston, TX. 77002

Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

7/24

Payee name

Texas Ethics Commission

Amount (\$)

\$500.00

Payee address; City; State; Zip Code

P.O. Box 12070  
Austin, TX. 78711

Purpose of payment (See instructions regarding type of information required.)

FINE

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

8/1

Payee name

KINKO'S

Amount (\$)

\$81.19

Payee address; City; State; Zip Code

700 NASH STREET  
Houston TX 77002

Purpose of payment (See instructions regarding type of information required.)

copies

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>5-</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/1</b>	5 Payee name <b>Flying Saucer Pies</b> 6 Payee address; City; State; Zip Code <b>436 W. CROSTIMBENI ST. Houston, TX. 77018</b>	7 Amount (\$) <b>\$162.50</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>gift to civic clubs</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>8/3</b>	Payee name <b>Bernardsha Howard Burial Fund</b> Payee address; City; State; Zip Code <b>14315 BELLARINE Blvd. Houston, TX. 77083</b>	Amount (\$) <b>\$250.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Donation - Funeral Expenses</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>8/34</b>	Payee name <b>El Natividad En El Barrio</b> Payee address; City; State; Zip Code <b>8223 Bo Jack Houston, TX. 77040</b>	Amount (\$) <b>\$100.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>DONATION FOR TOS</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>8/4</b>	Payee name <b>PLANNED PARENTHOOD</b> Payee address; City; State; Zip Code <b>2601 FANNIN Houston, TX. 77004</b>	Amount (\$) <b>\$40.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>DONATION</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>6</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/4</b>	5 Payee name <b>CONTINENTAL AIRLINES</b>	7 Amount (\$) <b>194.10</b>
6 Payee address; City; State; Zip Code <b>1200 Smith Houston, TX. 77002</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>FLIGHT FOR TANYA MAKAM TO ATTEND TRAINING CONFERENCE.</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>8/5</b>	Payee name <b>Cingular Wireless</b>	Amount (\$) <b>\$259.54</b>
Payee address; City; State; Zip Code <b>P.O. Box 650574 DALLAS, TX. 75265</b>		
Purpose of payment (See instructions regarding type of information required.) <b>cell phone</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>9/18</b>	Payee name <b>Assist the Office Foundation</b>	Amount (\$) <b>\$750.00</b>
Payee address; City; State; Zip Code <b>1602 State Street Houston, TX. 77007</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Donation for Annual Expenses - CHAS BURN</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>9/21</b>	Payee name <b>Public Storage</b>	Amount (\$) <b>\$130.70</b>
Payee address; City; State; Zip Code <del>10211 Highway 9101</del> <b>2100 N. LOOP WEST Houston, TX. 77008</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Storage</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>7-</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/25</b>	5 Payee name <b>Bulls Eye Storage</b>	7 Amount (\$) <b>\$147.00</b>
6 Payee address; City; State; Zip Code <b>1715 Airline Houston, TX. 77009</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Storage</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/1</b>	Payee name <b>Richard Garcia Campaign</b>	Amount (\$) <b>\$500.00</b>
Payee address; City; State; Zip Code <b>1445 North Loop West, Ste. 110 Houston, TX. 77003</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Contribution</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/1</b>	Payee name <b>Red Cat Jazz Cafe</b>	Amount (\$) <b>\$250.00</b>
Payee address; City; State; Zip Code <b>924 Congress Street Houston, TX 77002</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship for reception</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/5</b>	Payee name <b>Rotary Club of University Area</b>	Amount (\$) <b>\$260.00</b>
Payee address; City; State; Zip Code <b>8582 Katy Fwy #225 Houston, TX. 77024</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship - bus expenses for children's event</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>8-</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/6</b>	5 Payee name <b>Fiestas Patrias</b>	7 Amount (\$) <b>\$25.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 262871 Houston, TX. 77207</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/8</b>	Payee name <b>Holy Name Church</b>	Amount (\$) <b>\$100.00</b>
Payee address; City; State; Zip Code <b>1917 Cochran Houston, TX. 77009</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/8</b>	Payee name <b>Houston Fire Fighter Local 341</b>	Amount (\$) <b>\$100.00</b>
Payee address; City; State; Zip Code <b>1907 FREEMAN Houston, TX. 77009</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/13</b>	Payee name <b>Paradise Pen Company</b>	Amount (\$) <b>\$81.19</b>
Payee address; City; State; Zip Code <b>Galleria Mall Houston TX. 77056</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Office work pen</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>9.</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/13</b>	5 Payee name <b>CAKES to REMEMBER</b>	7 Amount (\$) <b>\$389.23</b>
6 Payee address; City; State; Zip Code <b>2003 W. 14th STREET Houston, TX. 77008</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Flowers for constituents</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
4 Date <b>9/13</b>	5 Payee name <b>Greater Houston Partnership</b>	7 Amount (\$) <b>\$450.00</b>
6 Payee address; City; State; Zip Code <b>Two Allen Center, 1200 Smith St. 700 Houston, TX. 77002</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
4 Date <b>9/13</b>	5 Payee name <b>ONION CREEK RESTAURANT</b>	7 Amount (\$) <b>\$52.00</b>
6 Payee address; City; State; Zip Code <b>3106 White Oak Drive Houston, TX 77007</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Dinner with volunteers</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
4 Date <b>9/13</b>	5 Payee name <b>CAKES to REMEMBER</b>	7 Amount (\$) <b>\$313.72</b>
6 Payee address; City; State; Zip Code <b>2003 W. 14th STREET Houston, TX. 77008</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Flowers for constituents</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
**10**

2 FILER NAME **Adrian Garcia** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/16</b>	5 Payee name <b>Harris County Democrat Party</b>	7 Amount (\$) <b>\$200.00</b>
6 Payee address; City; State; Zip Code <b>1445 NORTH LOOP WEST, STE. 100 Houston, TX. 77008</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9/19</b>	Payee name <b>RHONDA SAUER</b>	Amount (\$) <b>\$600.00</b>
Payee address; City; State; Zip Code <b>1414 COHEN Houston, TX. 77007</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Consulting Services</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9/26</b>	Payee name <b>Cingular Wireless</b>	Amount (\$) <b>\$243.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 650574 Dallas, TX. 75265</b>		

Purpose of payment (See instructions regarding type of information required.) <b>cell phone</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9/27</b>	Payee name <b>Rick's Pizza</b>	Amount (\$) <b>\$94.37</b>
Payee address; City; State; Zip Code <b>6423 LYONS AVE Houston, TX. 77020</b>		

Purpose of payment (See instructions regarding type of information required.) <b>lunch with AREA business</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/28

5 Payee name

International Protective Services

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

P.O. Box 5454  
Houston, TX 77262

8 Purpose of payment (See instructions regarding type of information required.)

sponsored security services for NALEO  
CITIZEN workshop  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

9/28

Payee name

Shape Community Center

Amount (\$)

\$1,000.00

Payee address; City; State; Zip Code

2423 Dowling Street  
Houston, TX. 77004

Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

9/28  
10/3

Payee name

Houston Livestock Show + Rodeo - Go Tejano

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

1 Reliant Park  
Houston, TX 77054

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/3

Payee name

Gulf Coast Community Services Assoc.

Amount (\$)

\$240.00

Payee address; City; State; Zip Code

P.O. Box 230889  
Houston, TX 77223

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>12-</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/4</b>	5 Payee name <b>Harris County TEJANO Democrats</b>	7 Amount (\$) <b>\$300.00</b>
6 Payee address; City; State; Zip Code <b>3715 NORTH MAIN STREET Houston, TX. 77009</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>10/11</b>	Payee name <b>Public Storage</b>	Amount (\$) <b>\$90.00</b>
Payee address; City; State; Zip Code <b>2100 N. LOOP WEST HOUSTON, TX. 77018</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Storage</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>10/11</b>	Payee name <b>Cingular</b>	Amount (\$) <b>\$250.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 650574 DALLAS, TX. 75265</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Cell phone</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>10/13</b>	Payee name <b>Organization of Spanish speaking officers</b>	Amount (\$) <b>\$500.00</b>
Payee address; City; State; Zip Code <b>901 NORTH LOOP WEST HOUSTON, TX. 77002</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

13-

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/14

5 Payee name

MARINE CORP LEASUR AVALOS Detachment

7 Amount (\$)

\$200.00

6 Payee address; City; State; Zip Code

8400 PERSIMMON STREET  
Houston, TX. 77043

8 Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/19

Payee name

El Minuto de Dios Corp

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

P.O. Box 227864  
Miami, FL 33122

Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/26

Payee name

Greater Houston Convention + Visitors Bureau

Amount (\$)

\$150.00

Payee address; City; State; Zip Code

901 Bagby  
Houston, TX. 77002

Purpose of payment (See instructions regarding type of information required.)

gift for dignitary

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/27

Payee name

Bulls Eye Storage

Amount (\$)

\$226.00

Payee address; City; State; Zip Code

1715 Airlins  
Houston, TX. 77009

Purpose of payment (See instructions regarding type of information required.)

Storage

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

14

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27

5 Payee name

NEW Mount Cavalry, Missionary Baptist

6 Payee address; City; State; Zip Code

5214 CAVALCADE  
Houston, TX 77026

7 Amount (\$)

\$40.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/27

Payee name

Assist the Officer Foundation

Payee address; City; State; Zip Code

1602 STATE STREET  
Houston, TX. 77002

Amount (\$)

\$250.00

Purpose of payment (See instructions regarding type of information required.)

Donation for surviving family  
-OFFICER QUOC LE

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/31

Payee name

LAMAN High School

Payee address; City; State; Zip Code

3325 WESTHEIMER ROAD  
Houston, TX. 77098

Amount (\$)

\$120.00

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/1  
~~10/27~~

Payee name

AMERICAN HEART ASSOCIATION

Payee address; City; State; Zip Code

1415 LA CONCHA LANE  
Houston, TX 77054

Amount (\$)

\$50.00

Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

15-

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2

5 Payee name

LET the FASHIONS BEGIN

6 Payee address; City; State; Zip Code

2020 Dowling STREET  
Houston, TX 77003

7 Amount (\$)

\$200.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/6

Payee name

JASON'S ORLI

Payee address; City; State; Zip Code

901 MCKINNEY STREET  
Houston, TX 77002

Amount (\$)

\$53.36

Purpose of payment (See instructions regarding type of information required.)

Lunch for working mtg

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/9

Payee name

World AIDS Day

Payee address; City; State; Zip Code

2002 WHEELER AVE.  
Houston, TX 77004

Amount (\$)

\$350.00

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/10

Payee name

Talento Bilingue

Payee address; City; State; Zip Code

333 South Jensen Drive  
Houston, TX 77003

Amount (\$)

\$500.00

Purpose of payment (See instructions regarding type of information required.)

donation for building

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>16-</b>
2 FILER NAME <b>ADRIAN GARCIA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/13</b>	5 Payee name <b>W. Leo Daniels Tower</b>	7 Amount (\$) <b>\$250.00</b>
6 Payee address; City; State; Zip Code <b>9826 HARRELL STREET Houston, TX. 77093</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship for Thanksgiving dinner</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/17</b>	Payee name <b>Houston Livestock Show Rodco - Co TEJANO</b>	Amount (\$) <b>\$150.00</b>
Payee address; City; State; Zip Code <b>1 RELIANT PARK Houston, TX 77054</b>		
Purpose of payment (See instructions regarding type of information required.) <b>DONATION</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/21</b>	Payee name <b>SHOWCASE AWARDS</b>	Amount (\$) <b>\$250.00</b>
Payee address; City; State; Zip Code <b>5900 NORTH HWY #123 Houston, TX. 77076</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Sponsor trophies for Steadwood Cobras Little League Football</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/25</b>	Payee name <b>PUBLIC STORAGE</b>	Amount (\$) <b>\$90.00</b>
Payee address; City; State; Zip Code <b>2100 N LOOP WEST Houston, TX. 77018</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Storage</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.

17

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/25	5 Payee name Massa's Restaurant 6 Payee address; City; State; Zip Code 1160 Smith Street Houston, TX 77002	7 Amount (\$) \$200.50
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8 Purpose of payment (See instructions regarding type of information required.) Sponsored appreciation dinner for HRD Homicide Division (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/25	Payee name CAKES TO REMEMBER Payee address; City; State; Zip Code 2003 WEST 14th STREET Houston, TX 77008	Amount (\$) \$492.11
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Purpose of payment (See instructions regarding type of information required.) FLOWERS FOR CONSTITUENT (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/25	Payee name Etelvira Hernandez Payee address; City; State; Zip Code 3930 Edison Houston, TX 77009	Amount (\$) \$116.91
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Purpose of payment (See instructions regarding type of information required.) gift baskets for Tejano Cita - AVANCE (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/29	Payee name FIESTA MANT Payee address; City; State; Zip Code 4114 Fulton Street Houston, TX 77009	Amount (\$) \$396.52
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Purpose of payment (See instructions regarding type of information required.) sponsored breakfast at Kennedy Elementary (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>18-</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/30</b>	5 Payee name <b>Robert McName</b>	7 Amount (\$) <b>\$500.00</b>
6 Payee address, City, State, Zip Code <b>1 Reliant Park Houston, TX, 77054</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Returned Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>11/30</b>	Payee name <b>Trini Mendenhall</b>	Amount (\$) <b>\$500.00</b>
Payee address; City, State, Zip Code <b>8835 Stable Lane Houston, TX, 77024</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Returned Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>11/30</b>	Payee name <b>Yolanda Navarro-Black</b>	Amount (\$) <b>\$100.00</b>
Payee address; City, State, Zip Code <b>209 North Palmier Houston, TX, 77003</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Returned Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>12/2</b>	Payee name <b>Houston Hispanic Firefighters #341</b>	Amount (\$) <b>\$110.00</b>
Payee address; City, State, Zip Code <b>1907 Freeman Houston, TX, 77009</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

19

2 FILER NAME

ADRIAN GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/3

5 Payee name

MARSHALL MIDDLE SCHOOL

6 Payee address; City; State; Zip Code

1115 NOBLE  
HOUSTON, TX 77009

7 Amount (\$)

\$180.00

8 Purpose of payment (See instructions regarding type of information required.)

DONATION

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/3

Payee name

DENVER HARBOR SENIOR CITIZEN CLUB

Payee address; City; State; Zip Code

6402 MARKET STREET  
HOUSTON, TX. 77020

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

DONATION ON CHRISTMAS EVENT

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/5

Payee name

HAMILTON MIDDLE SCHOOL

Payee address; City; State; Zip Code

139 E. 20th STREET  
HOUSTON, TX. 77008

Amount (\$)

\$500.00

Purpose of payment (See instructions regarding type of information required.)

DONATION

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/7

Payee name

EI AMANECA

Payee address; City; State; Zip Code

P.O. Box 580021  
HOUSTON, TX 77258-0021

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

20-

2 FILER NAME

Adrian Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/8

5 Payee name

Assist the Officer Foundation

7 Amount (\$)

\$550.00

6 Payee address; City; State; Zip Code

1602 STATE STREET  
Houston, TX 77007

8 Purpose of payment (See instructions regarding type of information required.)

Donation for Officer Bearden Family

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/11

Payee name

PR CORPORATION

Amount (\$)

\$90.00

Payee address; City; State; Zip Code

1602 STATE STREET, STE. B  
Houston, TX 77007

Purpose of payment (See instructions regarding type of information required.)

sponsored recognition plaque

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/12

Payee name

Souls Harbor Pentecostal

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

9930 Aldine Westfield Rd  
Houston, TX 77093

Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/12

Payee name

Boogie Down Entertainment

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

7055 Hollister #1918  
Houston, TX 77040

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>21-</b>
2 FILER NAME <b>ADRIAN GARCIA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/13</b>	5 Payee name <b>EMCO PRESS</b>	7 Amount (\$) <b>\$2,797.04</b>
6 Payee address; City; State; Zip Code <b>4935 MILWAUKEE STREET HOUSTON, TX 77092</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>CHRISTMAS CARDS</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>12/15</b>	Payee name <b>TEXAS HISPANIC PEACE OFFICERS ASSOC.</b>	Amount (\$) <b>\$100.00</b>
6 Payee address; City; State; Zip Code <b>P.O. BOX 52260 HOUSTON, TX 77052</b>		
Purpose of payment (See instructions regarding type of information required.) <b>DONATION</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>12/19</b>	Payee name <b>CONCEPTS, INC.</b>	Amount (\$) <b>\$264.65</b>
6 Payee address; City; State; Zip Code <b>P.O. BOX 33219 DECATUR, GA 30037</b>		
Purpose of payment (See instructions regarding type of information required.) <b>SPONSORSHIP - WHISKEY HIGH SCHOOL</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>12/24</b>	Payee name <b>St. Patrick's Church</b>	Amount (\$) <b>\$20.00</b>
6 Payee address; City; State; Zip Code <b>4918 COCHRAN HOUSTON, TX 77009</b>		
Purpose of payment (See instructions regarding type of information required.) <b>DONATION</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>22-22</b>
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/24</b>	5 Payee name <b>Knights of Columbus Council 8404</b>	7 Amount (\$) <b>\$100.00</b>
6 Payee address; City; State; Zip Code <b>4913 Cochran Houston, TX 77009</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>DONATION</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME <b>Adrian Garcia</b>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>CONTINENTAL AIRLINES</b>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel <b>5/25/06</b>	7 Name of person(s) traveling <b>ADRIAN GARCIA</b>	
	8 Departure city or name of departure location <b>HOUSTON, TX</b>	
	9 Destination city or name of destination location <b>NEW YORK, NY</b>	
10 Means of transportation <b>AIR</b>	11 Purpose of travel (including name of conference, seminar, or other event) <b>RESEARCH NYPO COMPSTAT PROGRAM</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>CONTINENTAL AIRLINE</b>		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel <b>8/4</b>	Name of person(s) traveling <b>TANTA MAKANY</b>	
	Departure city or name of departure location <b>HOUSTON, TX</b>	
	Destination city or name of destination location <b>CHICAGO, IL</b>	
Means of transportation <b>AIR</b>	Purpose of travel (including name of conference, seminar, or other event) <b>Attend training conference</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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