

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">5</div>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="text-align: center;">Ms.</td> <td style="text-align: center;">Mary Louise</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Garcia</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms.	Mary Louise		NICKNAME	LAST	SUFFIX		Garcia		<div style="text-align: center; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; font-size: 8px;"> Date Received <div style="text-align: center; font-weight: bold; font-size: 14px;"> FILED TARRANT COUNTY 2015 JUL 14 AM 8:01 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY: <i>[Signature]</i> </div> </div> <div style="border: 1px solid black; padding: 5px; font-size: 8px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>	
MS / MRS / MR	FIRST	MI													
Ms.	Mary Louise														
NICKNAME	LAST	SUFFIX													
	Garcia														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">John</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Avila</td> <td style="text-align: center;">Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	John		NICKNAME	LAST	SUFFIX		Avila	Jr.		
MS / MRS / MR	FIRST	MI													
Mr.	John														
NICKNAME	LAST	SUFFIX													
	Avila	Jr.													
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION														
9 REPORT TYPE	<table style="width:100%; font-size: 8px;"> <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)						
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10 PERIOD COVERED	<table style="width:100%; font-size: 8px;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 2015</td> <td></td> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 30</td> <td style="text-align: center;">/ 2015</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year	01	/ 01	/ 2015		06	/ 30	/ 2015
Month	Day	Year	THROUGH	Month	Day	Year									
01	/ 01	/ 2015		06	/ 30	/ 2015									
11 ELECTION	<table style="width:100%; font-size: 8px;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year / / </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special												
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12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 14px; font-weight: bold;">Tarrant County Clerk</div>	13 OFFICE SOUGHT (if known)													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mary Louise L. 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.

GENERAL
 SPECIFIC

Additional Pages

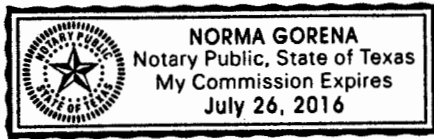
COMMITTEE TYPE: _____ COMMITTEE NAME: _____
COMMITTEE ADDRESS: _____
COMMITTEE CAMPAIGN TREASURER NAME: _____
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

FILED
TARRANT COUNTY
2015 JUL 14 AM 8:01
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	2129.57
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 16, Election Code.



Mary Louise Garcia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Louise L. Garcia this the 13th day of July, 20 15, to certify which, witness my hand and seal of office.

Norma Gorena Norma Gorena Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <p style="text-align: center;">Mary Louise L. Garcia</p>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2129.57
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

FILED
TARRANT COUNTY
2015 JUL 14 AM 8:01
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
 BY: _____

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
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.

FILED
 TARRANT COUNTY
 2015 JUL 14 AM 8:01
 CLERK PHIL LIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F1: 2	2 FILER NAME Mary Louise L. Garcia	3 Filer ID (Election Commission)
4 Date 3/10/2015	5 Payee name Murphy Nasica	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 03/20/2015	Payee name Office Depot	
Amount (\$) \$106.04	Payee address; City; State; Zip Code 6680 W. Freeway Fort Worth, Texas 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/20/2015	Payee name US Postal Service	
Amount (\$) \$107.80	Payee address; City; State; Zip Code Ridglea Station Fort Worth, Texas 76116-3944	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - postage stamps	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
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.

FILED
 TARRANT COUNTY
 2015 JUL 4 AM 8:01
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F1: 2	2 FILER NAME Mary Louise L. Garcia	3 Filer ID (Ethics Commission File #)
4 Date 4/22/2015	5 Payee name Murphy Nasica	
6 Amount (\$) \$140.73	7 Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense-Acompl. Flyer	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/22/2015	Payee name Murphy Nasica	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/29/2015	Payee name Steve Rupp	
Amount (\$) \$575.00	Payee address; City; State; Zip Code 2804 Tejas Ave. # 931 Fort Worth, Texas 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - 2014 Accomplishments Video	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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