CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages fil	ed: 4
3 CANDIDATE /	MS/MRS/MR F	FIRST	MI	OFFICE	USEONLY
OFFICEHOLDER	Mrs. Ma	ry Louise	L		OUL OILL
NAME		AST	SUFFIX	Date Received	
	Ga	ırcia			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRECT	 -		Date Hand-delive	TARRA 2015 TAN
change of address				Receip #	Amount Z
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	IUMBER	EXTENSION	Date Plocessed Z	27 Kd 1
6 CAMPAIGN TREASURER	·	erst Ohn	MI	Date Imaged	, 9η: 7Π
NAME	. <i></i>	AST	SUFFIX		
	Av	ila, Jr.			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE/	ASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	,
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	IUMBER	EXTENSION		
9 REPORT TYPE	X January 15 30	th day before election	Runoff	15th day afte treasurer app (officeholder only	ointment
	July 15 8tf	n day before election	Exceeded \$500 limit	Final report (A	ttach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2014	THROUGH	Month C 12 / 31	Year / 2014	
11 ELECTION	Month ELECTION DATE Day Year 11 04 2014	ELECTION TYPE Primary	Runoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if k	nown)	
	County Clerk, Tarrai	nt County, Texas		, Tarrant County	, Texas
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME M	ary Louise L. G	arcia 1	5 ACCOU	JNT # (Ethics Com	nmission 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	9	37. 29.13	7AT
	GENERAL SPECIFIC	COMMITTEE ADDRESS		ĬĬ	TARRANT C
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		LLIPS INISTRATO	COUNTY
		COMMITTEE CAMPAIGN TREASURER ADDRESS		S C	
17 CONTRIBUTION TOTALS		TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LE		POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED S	\$	
	4. TOTAL POLITICAL EXPENDITURES			\$ 2038.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		PAY	\$ 43784.01	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE	\$	
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. Notary Public, State of Texas My Commission Expires					
	July 26, 2016	Signature of Cano	didate or C	Officeholder	
Sworn to and sub		me, by the said Mary Louise Ga	rcia	,	s the
Norma Golena Norma Gorena Notary Public,					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath FALT TWAS					

POLITICAL EXPENDITURES

SCHEDULE F

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f The Instruction Guide explains how to	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME Mary Louise L. Garcia 3 ACCOUNT # (Ethics Commission Filers)				
4 Date 10/01/2014	5 Payee name Murphy Nasica				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$200.00	815-A Brazos St., Ste. 304 Austin, Texas 78701				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of		exas Piete Sandule T		
EXPENDITURE	Consulting Expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C					
Date 10/22/2014	Payee name Friends of Senator Jane Nelson	NTY 2: 46 18ATO			
Amount (\$)	Payee address; City; State; Zip Code				
\$150.00	P.O. Box 608 Grapevine, Texas 76099				
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Tex		exas, complete Schedule T)		
OF EXPENDITURE	Contribution/Donation Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH				
Date 10/20/2014	Payee name Texas for Greg Abbott				
Amount (\$)	Payee address; City; State; Zip Code				
	504 Lavaca Street Austin, Texas 78701				
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		exas, complete Schedule T)		
OF EXPENDITURE	Contribution/Donation	Check if Austin, TX, officeho	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C			Office held		
Date	Payee name				
11/1/2014	Murphy Nasica				
Amount (\$)	Payee address; City; State; Zip Code				
\$200.00	815-A Brazos St., Ste. 304 Austin, Texas 78701				
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, or continuous)		Téxas, complete Schedule T)		
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeho	lder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By					
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee					
Fees	Printing Expense Office Overhead/R	Rental Expense OTHER (enter	a category not listed above)			
	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F:	2 FILER NAME Mary Louise L. Garcia 3 ACCOUNT # (Ethics Commission Filers)					
4 Date	5 Payee name					
11/3/2014	Crestview Printing					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$744.00	P.O. Box 161487 Fort Worth, Texas 76161					
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texasium plete schedule)					
OF EXPENDITURE	Printing Expense -Christmas Cards		공습 두 국도			
		Check if Austin, TX, office ho				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	(() em					
Date 11/2/2014	Payee name		Υ 46			
11/2/2014	USPS		X			
Amount (\$)	Payee address; City; State; Zip Code					
\$294.00	317 East Kennedale Parkway Kennedale, Texas 76060					
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)					
EXPENDITURE	Other-Postage for Christmas Cards Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
12/1/2014	Murphy Nasica					
Amount (\$)	Payee address; City; State; Zip Code					
\$200.00	r ayou additions, Oity, State, Zip Code					
\$200.00	815-A Brazos St., Ste. 304 Austin, Texas 78701					
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of T		Texas, complete Schedule T)			
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code		:			
			:			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense				
OF EXPENDITURE						
	Candidate / Officeholder name		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	- Cilice field			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				