CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mary Louise	L ^{M'}	OFFICE USE ONLY	
NAME	NICKNAME LAST Garcia	SUFFIX	TAF	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	TARRANT COUL	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	H L	
OFFICEHOLDER PHONE			Dale Hand delivered of Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST John	MI	Receipt # Amount \$	
NAME	NICKNAME LAST		Date Processed	
	Avila, Jr.	30 711X	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SI	UITE #: CITY; STATE;	ZIP CODE	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	X January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	07 / 01 / 2015	THROUGH 12 /	31 / 2015	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Tarrant County Clerk			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mar	y Louise Gard		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- MDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI MSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	TA 2016 ELEC BY:
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	ADMIN
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	JUNTY H 4: 02
	-	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,518.32
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$35,436.39
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 4,549.53
18 AFFIDAVIT			
My Cor	RMA GORENA ablic, State of Texas nmission Expires ly 26, 2016	true and correct and includes all info	perjury, that the accompanying report is cormation required to be reported by me
		⁰ Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said Mary Louise Gar	rcia, this the 15th
day of Januar	·4,2016,	to certify which, witness my hand and seal of office.	
Norna	Gorena	- Norma Gorena	Notary Public
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

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

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)			
	Mary Louise Garcia					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	vs	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	X SCHEDULE E: LOANS	\$ 4,549.53				
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 3,074.29				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 349.03				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 95.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1: 1
2 FILER NAME	Mary Louise Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Camille Hodnett	7 Amount of contribution (\$) 100.00	
7/14/2015	6 Contributor address; City; State 403 N. Sylvania #2 Fort Worth,	100.00	
8 Principal occupation / Job title (See Instructions) Owner 9 Employer (See Instructions) Bail Bonds b			
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)
		1	
			TARRANT 15 2016 JAN 15 ELECTIONS ACE
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instance.		1 (.)()
Forms provided by	Toyon Ethios Commission www.ethics	state ty us	Revised 978/2015

LOANS			TARRAN 2016-JAN ELECTERAN BY:		
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Shedule 5 TE		
2 FILER NAME	lary Louise Garcia		3 Filer ID (Ethics Commission Alers)		
4 TOTAL OF UN	ITEMIZED LOANS	OR 2			
5 Date of loan 06/11/2010	7 Name of lender □ out-of-state F John Avila, Jr.	PAC (ID#:)	9 Loan Amount (\$) 1,000.00		
6 Is lender a financial Institution?	2600 W. 7th St., apt. # 1833	State; Zip Code	10 Interest rate 0.00% 11 Maturity date N/A		
-	Fort Worth, Texas 76107-9307				
i - '	on / Job title (See Instructions)	13 Employer (See Instructions)			
Owner		Thos. S. Byrne			
14 Description of Coll	ateral	15 Check if personal funds were deposited into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable 20 Principal Occupat	18 Guarantor address; City; S ion (See Instructions)				
			Local Amount (C)		
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)		
06/11/2010	Chris F. Garcia		2,400.00		
ls lender a financial	,	State; Zip Code	Interest rate 0.00%		
Institution?	8136 Camp Bowie W. Fort Worth, Texas 76116		Maturity date N/A		
	on / Job title (See Instructions)	Employer (See Instructions)			
Owne		North American Mot	or Co.		
Description of Coll		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City; State; Zip Code				
X not applicable					
Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
. If	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N			

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mary Louise Garcia 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#:_ 1,149.53 05/06/2010 Mary Louise Garcia 10 Interest rate 6 Is lender 8 Lender address: City; Zip Code State: a financial 0.00% Institution? 11 Maturity date 3121 Bigham Blvd. Fort Worth, Texas 76116 X N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) X none 16 GUARANTOR 17 Name of guarantor 19 Amount Guarantee INFORMATION 18 Guarantor address; City; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

						<u>~_</u>	
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overh Politing Expe Printing Expe		Transportation Travel In Dis	Fundraising Expon Equipment & Strict Control of District a category not	& Parated	RRANICE
Credit Card Payment	The Instruction Guide explains	s how to co	mplete this form.		ŽĒ	2	00
1 Total pages Schedule F1:	2 FILER NAME Mary Louise Garcia	Mary Louise Garcia					
4 Date 07/09/2015	5 Payee name Murphy Nasica				98	72	
6 Amount (\$)	7 Payee address; City; State; Zip	p Code				***	
600.00	600.00 815 - A Brazos St., Ste. 304 Austin, Texas 78701						
8	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description				
PURPOSE OF EXPENDITURE	May - July			utside of Texas. Con, TX, officehold	•		
,	Consulting						
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H		Office sought		Offic	e held	
Date	Date Payee name						
07/13/2015	7/13/2015 US Postal Service						
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code						
82.00	3020 S. Cherry Lane Fort Wo	orth, Te	xas 76116				
PURPOSE	Category (See Categories listed at the top of this so	chedule)	$\overline{}$	tside of Texas. Co	•		
OF EXPENDITURE	PO Box Rental		Check if Austin	, TX, officehold	er living expens	SØ	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Offic	e held	
Date	Payee name						
09/02/2015	Murphy Nasica						
Amount (\$)	Payee address; City; State; Zi	p Code			***************************************		
200.00	815 - A Brazos St., Ste. 304 A	Austin, T	exas 78701				
	Category (See Categories listed at the top of this so	chedule)	Description		44.44		
PURPOSE	August		Check if travel ou	rtside of Texas. Co	mplete Schedule	∌ T.	
OF EXPENDITURE	Consulting		Check if Austin	, TX, officehold	er living expens	se	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	1	Office sought	***************************************	Offi	ce held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office of Food/Beverage Expense Polling y Girl/Awards/Memorials Expense Printing	spayment/Reimbursement Overhead/Rental Expense Expense I Expense s/Wages/Contract Labor o complete this form.	Transport Travel In Travel Ou	or undraking Expense eton Equipment & Pelated Expense District C t of District T er a categor that lister above		
1 Total pages Schedule F1:	2 FILER NAME Mary Louise Garcia		3 Filer	D (Ethics Commission Filets)		
4 Date 09/02/2015	7 Payee address; City; State; Zip Code					
6 Amount (\$) 7 Payee address; City; State; Zip Code						
200.00 815 - A Brazos St., Ste. 304 Austin, Texas 78701						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		0		
PURPOSE OF EXPENDITURE	September			. Complete Schedule T. older living expense		
	Consulting					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
10/02/2015	Murphy Nasica					
Amount (\$) Payee address; City; State; Zip Code						
200.00	815 - A Brazos St., Ste., 304 Aust	in, Texas 78701				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel ou	tside of Texas	. Complete Schedule T.		
OF EXPENDITURE	October	Check if Austin	, TX, officeh	older living expense		
	Consulting	·				
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
10/02/2015	Texans for Greg Abbott					
Amount (\$)	Payee address; City; State; Zip Code	•				
200.00	PO Box 308 Austin, Texas 78767					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel ou	tside of Texas	. Complete Schedule T.		
OF EXPENDITURE	Contribution made by Office Hold		, TX, officeh	older living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expe Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mary Louise Garcia 4 Date 5 Payee name 11/02/2015 Murphy Nasica City; State; Zip Code 6 Amount (\$) 7 Payee address; 815 - A Brazos St., Ste. 304 Austin, Texas 78701 200.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE November ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Consulting Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Crestview Printing 11/30/2015 City; State; Zip Code Amount (\$) Payee address; 113 W. Green, #200 Saginaw, Texas 76179 868.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **Printing Expense** EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date US Postal Service 11/30/2015 City; State; Zip Code Amount (\$) Payee address; CJI 2120 Ellis Ave., Fort Worth, Texas 76164 294.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Other (Stamps) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gltt/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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	Vages/Contract Labor Other (er	ut Of District nter a category not listed above)
·	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 4	2 FILER NAME Mary Louise Garcia	3 Filer	ID (Ethics Commission Filers)
4 Date 11/30/2015	5 Payee name Office Depot		*
6 Amount (\$)	7 Payee address; City; State; Zip Code		
30.29	401 Carroll St. Fort Worth, Texas 76	6107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa Check if Austin, TX, office	•
	Other (Mailing Labels)	· ·	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/01/2015	Murphy Nasica		
Amount (\$)	Payee address; City; State; Zip Code		44-44-4
200.00	815-A Brazos St., Ste., 304 Austin,	Texas 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas Check if Austin, TX, officet	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		201 ELEG BY:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officel	1 7 min
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	TRATO
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/G ains how to comple	Rental Expense Contract Labor	Transporta Travel in D Travel Ou	n/Fundraising Ex ation Equipment District t Of District er a category not	& Related	
1 Total pages Schedule F4:	² FILER NAME Mary Louise Garcia			3 Filer ID	(Ethics Comm	nission F	ilers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	DTOACREDI	TCARD	\$			
5 Date 07/13/2015	6 Payee name Constant Contact						
7 Amount (\$)	8 Payee address; City; State	; Zip Code					
58.63	1601 Trapelo Rd. Walthan	n, MA 02451					
9 TYPE OF EXPENDITURE	X Political	Non-Political					
10	(a) Category (See Categories listed at the top of	fthis schedule)	(b) Description	n			
PURPOSE OF Expenditure	Advertising Expense				Texas. Complete S		
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office	sought		Office held		
Date 07/21/2015	Payee name 1 & 1 . Com						
Amount (\$)	Payee address; City; State	; Zip Code					
5.01	701 Lee Rd. Wayne, PA	19087					
TYPE OF EXPENDITURE	X Political	Non-Politica	il				
PURPOSE	Category (See Categories listed at the top o	f this schedule)	Description Check if		Texas. Complete S	Schedule T.	
OF EXPENDITURE	Advertising Expense		Check		officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought		Office held	NAL 9	ARRA
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			S	3=
					ILLIPS MINISTRATOR	PH 4: 02	A1M000
	ATTACH ADDITIONAL COPIES	OF THIS SCH	EDULE AS NE	EDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		9	Transportation Equipment & Helated Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to compl	ete this form.		
1 Total pages Schedule F4: 5	² FILER NAME Mary Louise Garcia	, , , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD	\$	
5 Date 08/12/2015	6 Payee name Constant Contact	,		
7 Amount (\$)	8 Payee address; City; State; Zip Code			
58.63	1601 Trapelo Rd. Waltham, MA 02451			
9 TYPE OF EXPENDITURE	X Political Non-Politica	I		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check i	f Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office	sought	Office held	
Date	Payee name		945	
08/21/2015	1 & 1 . Com			
Amount (\$)	Payee address; City; State; Zip Code			
38.28	701 Lee Rd. Wayne, PA 19087			
TYPE OF EXPENDITURE	X Political Non-Politica	al		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if	on travel outside of Texas: Complete and edule T	
OF Expenditure	Advertising Expense	Check	f Austin, TX, office odder living expense	
Complete ONLY if direct expenditure to benefit C/O		sought	T COUNT COUN	
			RATOR	
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NE	EDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overhead Polling Expense se Printing Expense Salaries/Wages/	e Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	² FILER NAME Mary Louise Garcia			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date 09/22/2015	6 Payee name Constant Contact				
7 Amount (\$)	8 Payee address; City; St	tate; Zip Code	14454		
58.63	1601 Trapelo Rd. Walth	am, MA 02451			
9 TYPE OF EXPENDITURE	X Political	Non-Politica	ı		
10	(a) Category (See Categories listed at the t	op of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam I	ne Office	sought	Office held	
Date 10/12//2015	Payee name Constant Contact	-			
Amount (\$)	Payee address; City; S	tate; Zip Code			
5.33	1601 Trapelo Rd. Walth	nam, MA 02451			
TYPE OF EXPENDITURE	X Political	Non-Politica	al		
	Category (See Categories listed at the	top of this schedule)	Description		
PURPOSE OF Expenditure	Advertising Expense			Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nan H	ne Office	sought	ANT C	
				PM 4: 03 LIPS INISTRATOR	
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE AS NEI	DED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense		Travel In District Travel Out Of District		
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
	The Instruction Guide explai	ns how to complete this form			
1 Total pages Schedule F4: 5	² FILER NAME Mary Louise Garcia		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date 11/06/2015	6 Payee name 1 & 1 . Com				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
83.88	701 Lee Rd., Wayne, PA 19	087			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of t	his schedule) (b) Descri	ption		
PURPOSE		Ch	eck if travel outside of Texas. Complete Schedule T.		
OF Expenditure	Advertising Expense	Ch	eck if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OI	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 11/12/2015	Payee name Constant Contact	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
Amount (\$)	Payee address; City; State;	Zip Code			
5.33	1601 Trapelo Rd. Waltham	, MA 02451			
TYPE OF EXPENDITURE	X Political [Non-Political			
PURPOSE	Category (See Categories listed at the top of t	Сн	eck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	ch	eck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	FOR SANK		
	CONTRACTOR OF THE PROPERTY OF		음을 55 크다		
			PM 4: 0:		
			STP CH		
			H: 03		
			တ္က သ		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/	•	Travel C	n District Dut Of District enter a category not i	listed above)
	The Instruction Guide explai	ns how to comple	ete this form.			
1 Total pages Schedule F4: 5	² FILER NAME Mary Louise Garcia			3 Filer I	ID (Ethics Comm	ission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			TCARD	\$		
5 Date 11/23/2015	6 Payee name 1 & 1 . Com					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
29.98	701 Lee Rd., Wayne, PA 19087					
9 TYPE OF EXPENDITURE	X Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Descrip			n		
PURPOSE				ck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense		Check i	f Austin, TX	, officeholder living e	expense
	J					
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held						
Date	Payee name				DNS	Z DT
12/14/2015	Constant Contact				1 24	ANT FILE
Amount (\$)	Payee address; City; State;	Zip Code			量言	PCD
5.33	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451 Payee address; City; State; Zip Code 1807 Payee address; City; State; Zip Code 1807 Payee address; City; State; Zip Code 1807 Payee address; City; State; Zip Code					
					1 3	G -<
TYPE OF Expenditure	X Political	Non-Politica	d ·		×	ω
	Category (See Categories listed at the top of to	nis schedule)	Description			
PURPOSE OF					of Texas. Complete So	
EXPENDITURE	Advertising Expense					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office	sought		Office held	

	ATTACH ADDITIONAL COPIES	OF THIS SCH	EDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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 netegory and listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mary Louise Garcia 4 Date 5 Payee name 10/01/2015 Cowtown Republican Women 6 Amount (\$) 7 Payee address; City; State; Zip Code 45.00 Reimbursement from 1119 W. Pioneer Parkway, Ste. 107 Arlington, Texas 76013 political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Other (Membership) EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2015 Metroplex Republican Women's Club Amount (\$) Payee address; City; State; Zip Code 50.00 9744 Sinclair St. Keller, Texas 76244 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Com **EXPENDITURE** Check if Austin, TX, officeholder Complete ONLY if direct Office het Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED