

# 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) <i>n/a</i>	2 Total pages filed: <i>4</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms</i> FIRST <i>Maria</i> LAST <i>Garcia</i> NICKNAME SUFFIX <i>E.</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4090 Retama Drive Brownsville, TX 78521</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 572-4380</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms</i> FIRST <i>Lynette</i> LAST <i>Benandez</i> NICKNAME SUFFIX <i>J.</i>	Date Received  Date Hand-delivered or Postmarked <i>3:45 p.m.</i>  Receipt # Amount  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>654 W. Franton St. Brownsville, TX 78520.</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 466-9636</i>		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year     THROUGH     Month Day Year <i>07/01/14     12/31/14</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>n/a</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Pet. 2 Place 3</i>	13 OFFICE SOUGHT (if known) <i>n/a.</i>	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
*Maria Esther Garcia*

15 ACCOUNT # (Ethics Commission Filers)  
*n/a*

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<i>na</i>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>65.38</i>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1093.00</i>
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>442.34</i>
4. TOTAL POLITICAL EXPENDITURES	\$ <i>1029.56</i>
CONTRIBUTION BALANCE	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>128.02</i>
OUTSTANDING LOAN TOTALS	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1,700.00</i>

18 AFFIDAVIT

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



**LAVINIA LEE LONG.**  
Notary Public State of Texas  
Commission Expires  
02-11-2016

*Maria Esther Garcia*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Person*, this the *14th* day of *JANUARY* 20 *15*, to certify which, witness my hand and seal of office.

*Lavinia Lee Long* Lavinia Lee Long Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: Maria Esther Garcia

3 ACCOUNT # (Ethics Commission Filers): n/a

4 Date: 12/22/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
Sofia Benavides

6 Contributor address; City; State; Zip Code:  
4090 Retama Drive  
Brownsville, TX 78521

7 Amount of contribution (\$):  
500<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):  
County Commissioner

10 Employer (See Instructions)

Date: 12/23/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
Jonathan Garcia

Contributor address; City; State; Zip Code:  
923 E. Van Buren St.  
Brownsville, TX 78520.

Amount of contribution (\$):  
232.26

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):  
attorney at law

Employer (See Instructions)

Date: 12/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
Jonathan Garcia

Contributor address; City; State; Zip Code:  
923 E. Van Buren St.  
Brownsville, TX 78520

Amount of contribution (\$):  
111.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):  
attorney @ law

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule B:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒

\$

**5** Date

**6** Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of pledge (\$)

**9** In-kind description (if applicable)

**7** Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# LOANS

# SCHEDULE E

The instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y    N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;    City;    State;    Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions):
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City;    State;    Zip Code	
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.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting 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/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME - <b>Maria Esther Garcia</b>	3 ACCOUNT # (Ethics Commission Filers) <b>n/a</b>
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4 Date <b>12/26/14</b>	5 Payee name <b>Sams Club.</b>
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6 Amount (\$) <b>222.71</b>	7 Payee address; City; State; Zip Code <b>3595 W. Altamir Glor Brownsville, TX 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event Exp. <sup>Out of office</sup></b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>reception supplies</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b><del>_____</del></b>	Office sought	Office held
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Date <b>12/24/14</b>	Payee name <b>Gonzalo R. Alaniz</b>
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Amount (\$) <b>\$250.00</b>	Payee address; City; State; Zip Code <b>2063 E. Jackson Brownsville, TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Exp. <sup>DJ for</sup></b>	Description (If travel outside of Texas, complete Schedule T) <b>reception</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/24/14</b>	Payee name <b>Staples.</b>
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Amount (\$) <b>\$114.51</b>	Payee address; City; State; Zip Code <b>2436 Pablo Kisel Brownsville, TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Exp. Invitations for</b>	Description (If travel outside of Texas, complete Schedule T) <b>reception</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED