

JESUS J.

“CHUY”

GARCIA

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>6</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
Mr. Jesus T. Garcia Jr.		NICKNAME LAST SUFFIX "Chuy" Garcia Jr.		CAMELON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 4:00 PM FEB 12 2017 RECEIVED Date Hand-delivered or Date Postmarked BY: <u>[Signature]</u> Receipt # Amount \$	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 07 / 01 / 2017 THROUGH 12 / 31 / 2017		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
Failed to add several expenditures on report

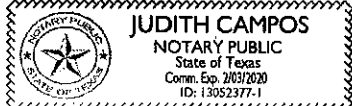
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



JUDITH CAMPOS
NOTARY PUBLIC
State of Texas
Comm. Exp. 2/03/2020
ID: 13052377-1

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jesus T. Garcia Jr. this the 12th day of Feb, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Judith Campos
Printed name of officer administering oath

Notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Jesus T. "Chuy" Garcia, Jr.

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ See F4 (including report filed 1/15/2018)
	4. TOTAL POLITICAL EXPENDITURES	\$ 7645.44 (including report filed 1/15/2018)
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

JUDITH CAMPOS
NOTARY PUBLIC
State of Texas
Comm. Exp. 2/03/2020
ID: 13052377-1

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jesus T. Garcia Jr., this the 12th day of Feb, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Judith Campos

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Jesus T. "Chuy" Garcia, Jr.		
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ _____
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5526.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ _____
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 235.00 <small>(Including report filed 1/15/2018)</small>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1884.44 <small>(Including report filed 1/15/2018)</small>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ _____
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ _____
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ _____

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/19/2017	6 Payee name Wal Mart Supercenter	
7 Amount (\$) \$125.00	8 Payee address; City; State; Zip Code 1126 W. US Hwy 77 San Benito, Tx 78586	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage 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 Thanksgiving Appreciation Luncheon
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
N/A		
Date 11/20/2017	Payee name La Especial Bakery	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 350 W. Robertson Street San Benito, TX 78586	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
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 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 Payment

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.

1 Total pages Schedule G: 2		2 FILER NAME Jesus T. "Chuy" Garcia, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 12/06/2017		5 Payee name San Benito Special Events Board			
6 Amount (\$) \$35.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 401 N. Sam Houston Blvd San Benito, TX 78586			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Christmas Parade Registration Fee <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought 	
Date 09/20/2017		Payee name Rio Hondo TYFA			
Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 215 West Colorado Street Rio Hondo, TX 78583			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		(b) Description Homecoming Parade Registration <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought 	
Date 10/06/2017		Payee name San Benito Special Events Board			
Amount (\$) \$35.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 401 N. Sam Houston San Benito, Tx 78586			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		(b) Description Homecoming Parade Registration <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought 	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G:	2 FILER NAME Jesus T. "Chuy" Garcia, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 7/20/2017	5 Payee name San Benito High School - Cheerleaders	
6 Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 450 S. Oscar Williams Rd. San Benito, TX 78586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Football Program Advertisement <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 N/A	Office sought Office held

Date 12/20/2017	Payee name Capital One	
Amount (\$) \$75.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 71083 Charlotte, NC 28272-1083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment for November Campaign expenses	(b) Description Credit Card Payment <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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