

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **Dr. Elba Garcia** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 33,179.20
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,179.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr. Elba Garcia this the 13th day of July, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Mark W. Nelson

Printed name of officer administering oath

Notary Public

Title of officer administering oath

July 2009 - City Council

09-5123

**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)	2. Total Pages Filed: 24
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr	FIRST Elba	MI
	NICKNAME	LAST Garcia	SUFFIX
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	Address/PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	618 W.Jefferson Dallas TX 75208		
5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 946 2277	EXTENSION
	6. CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST MI
	NICKNAME	LAST SUFFIX	
	Liles Ainley		
7. CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	1801 N.Hampton Rd 400 Dallas TX 75115		
8. CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 283 1111	EXTENSION
9. REPORT TYPE	Final COH Report		
10. PERIOD COVERED	12/30/2008 THROUGH 7/15/2009		
11. ELECTION	ELECTION DATE	ELECTION TYPE	
		NA	
12. OFFICE	OFFICE HELD (if any)	13. OFFICE SOUGHT (if known)	
	Dallas Councilmember District 1	Not Applicable	
14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	NAME		
	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
GO TO PAGE 2			

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME

Dr Elba Garcia

16 ACCOUNT # (Ethics Commission filers)

17 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

GENERAL

SPECIFIC

18 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)

\$ 27975.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 18418.69

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

19 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.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr Elba Garcia, this the 9th day

of July, 2009, to certify which, witness my hand and seal of office.

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 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Ronald I McCutchins 6 Contributor address; City; State; Zip Code ██████████ ██████████	7 Amount of Contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ alice nye Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ John K Percy Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Don M Glendening Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Heywood,Orr,Reyes,Pearson Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form	1 Total pages Schedule A: 2 of 12
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 02/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Jackson Walker PAC 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of Contribution (\$) 500.00	8 In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Charles Joeckel Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Thomas Lazo Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Clifford A Booth Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Norman Brinker Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form	1 Total pages Schedule A: 3 of 12
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 02/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Regina Montoya 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of Contribution (\$) 250.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Dallas Firefighters Association Pac Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Ruben esquivel Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ACS Good Government Committee Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ joe alcantar Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form	1 Total pages Schedule A: 4 of 12
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 02/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Joe T Allison 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of Contribution (\$) 125.00	8 In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Barry G Andrews Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ George A Shafer Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 200.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Harold Simmons Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Ronald Steinhart Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 125.00	In-kind contribution description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form	1 Total pages Schedule A: 5 of 12
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 02/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Charles Terrell	7 Amount of Contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ GILLIS THOMAS	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Robert L Trimble	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ William Vidau	Amount of Contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Winstead Pac	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 6 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Sylvia Camarillo 6 Contributor address; City; State; Zip Code ██████████ ██████████	7 Amount of Contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Adalberto Ruiz Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Robert H Richmond Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 125.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ D.M Williams Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ James W Humrichouse Contributor address; City; State; Zip Code ██████████ ██████████	Amount of Contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 7 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Neal Sleeper 6 Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	7 Amount of Contribution (\$) 125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Amirali Rupani Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Pete Schenkel Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Robert Smith Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Mary McDermont Cook Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 8 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Stephen L Levine 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of Contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Dr Charles t Ku Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ John A Hammack Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Joseph Hernandez Campaign Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Lawrence E Hamilton Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution (\$) 125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 9 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Patricia Gorman 6 Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	7 Amount of Contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ John A Carpenter III Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 02/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Fernando J Andrade Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ The Real Estate Council Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ D.J Weisbrod Contributor address; City; State; Zip Code ██████████ ██████████ ██████████ ██████████	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 10 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Lourdes R Spinola	7 Amount of Contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Ricardo Carrillo	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Santos Ruelas	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Arcelia Acosta	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Les Weisbrod	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form	1 Total pages Schedule A: 11 of 12
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 03/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Ray L Hunt 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of Contribution (\$) 500.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Dr Erick Menegazzo Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Vinson and Elkins Pac Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Frank Mihalopoulos Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Douglas R Ralston Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 300.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 12 of 12	
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Debra V McDonnough 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of Contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ James P Christon Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Dr Sunhee C hong Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 1 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/23/2009	5 Payee name McShan Florist 6 Payee address; City; State; Zip Code 10311 Garland Rd Dallas, TX 75218	7 Amount (\$) 134.00
8 Purpose of payment (See instructions regarding type of information required.) Basket arrangement (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/10/2009	Payee name McShan Florist Payee address; City; State; Zip Code 10311 Garland Rd Dallas, TX 75218	Amount (\$) 185.50
Purpose of payment (See instructions regarding type of information required.) Flowers (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/28/2009	Payee name Dallas Assembly Payee address; City; State; Zip Code P.O. Box 192601 Dallas, TX 75219	Amount (\$) 40.00
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/11/2009	Payee name Fundraising Solutions Payee address; City; State; Zip Code 1500 Jackson St Suite 817 Dallas, TX 75201	Amount (\$) 78.41
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 2 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/05/2009	5 Payee name Fundraising Solutions 6 Payee address; City; State; Zip Code 1500 Jackson St Suite 817 Dallas, TX 75201	7 Amount (\$) 4500.00
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/11/2009	Payee name League of Women Voters Payee address; City; State; Zip Code 2720 N. Stemmons Freeway Suite 812 Dallas, TX 75207	Amount (\$) 14.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/26/2009	Payee name LULAC Council 4943 Payee address; City; State; Zip Code 7423 Boysenberry Dallas, TX 75249	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/04/2009	Payee name Texas Can Academy Payee address; City; State; Zip Code 325 W.12 st Dallas, TX 75208	Amount (\$) 1500.00
Purpose of payment (See instructions regarding type of information required.) Motherhood luncheon (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 3 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/11/2009	5 Payee name Marie Weir 6 Payee address; City; State; Zip Code 114 Cliffdale Ave Dallas, TX 75211	7 Amount (\$) 150.00
8 Purpose of payment (See instructions regarding type of information required.) Bishop Arts Gingle Bells/ Donation (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/10/2009	Payee name Mr Alex Stolarsky Payee address; City; State; Zip Code 18108 Peppy Dallas, TX 75252	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) Refund (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/21/2009	Payee name Hispanic 100 Payee address; City; State; Zip Code 8325 Loyd Lake Dr Dallas, TX 75243	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/21/2009	Payee name Southwestern Medical Foundation Payee address; City; State; Zip Code 2305 Cedar Spring Rd Suite 150 Dallas, TX 75201	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 4 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/27/2009	5 Payee name Maria Frias 6 Payee address; City; State; Zip Code 10909 Estacado Dr Dallas, TX 75228	7 Amount (\$) 70.00
8 Purpose of payment (See instructions regarding type of information required.) Student Trip (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/11/2009	Payee name The Dallas Summit Payee address; City; State; Zip Code 11311 N.Central Expressway Suite 201 Dallas, TX 75243	Amount (\$) 150.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/25/2009	Payee name St.Cecilis Catholic Women Payee address; City; State; Zip Code 2726 Burlington Ave. Dallas, TX 75208	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Easter Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/25/2009	Payee name Summers mailing Co Payee address; City; State; Zip Code 4850 W.Ledbetter Dr Dallas, TX 75236	Amount (\$) 1389.79
Purpose of payment (See instructions regarding type of information required.) Christmas Card mailing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form	1 Total pages Schedule F: 5 of 9
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 03/26/2009	5 Payee name Dallas Arts District 6 Payee address; City; State; Zip Code 2200 Ross Ave Suite 4600 Dallas, TX 75201	7 Amount (\$) 65.00
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8 Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/06/2009	Payee name American Jewish Congress Payee address; City; State; Zip Code 11311 N.Central expwy. Suite 300 Dallas, TX 75243	Amount (\$) 300.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/06/2009	Payee name Dallas CWEB Payee address; City; State; Zip Code 4230 W.Illinois Ave Dallas, TX 75211	Amount (\$) 250.00
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Purpose of payment (See instructions regarding type of information required.) Banquet /Sponsor (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/14/2009	Payee name St.Mary of Carmel School Payee address; City; State; Zip Code 1716 Singleton Dallas, TX 75212	Amount (\$) 50.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 6 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/15/2009	5 Payee name Hispanic Women Network 6 Payee address; City; State; Zip Code 108 W.Fair Meadow Suite A Dallas, TX 75116	7 Amount (\$) 60.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/17/2009	Payee name Womens Council of Dallas County Payee address; City; State; Zip Code 10231 Cimmarron Trail Dallas, TX 75243	Amount (\$) 1000.00
Purpose of payment (See instructions regarding type of information required.) Donation/Banquet (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/30/2009	Payee name Las Ranitas Restaurant Payee address; City; State; Zip Code 325 E.Jefferson Dallas, TX 75203	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Salazar school PTA/Rafael Rodriguez (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/11/2009	Payee name Oak Cliff Chamber of Commerce Payee address; City; State; Zip Code 400 S.Zang Dallas, TX 75208	Amount (\$) 400.00
Purpose of payment (See instructions regarding type of information required.) Banquet/Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 7 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/13/2009	5 Payee name Africa-care Academy 6 Payee address; City; State; Zip Code 724 W.Tenth St Dallas, TX 75208	7 Amount (\$) 85.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/13/2009	Payee name Teatro Dallas Payee address; City; State; Zip Code 1925 Elm St Suite 400 Dallas, TX 75201	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Donation/Kids program (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/18/2009	Payee name Wal-Mart Payee address; City; State; Zip Code 1521 N.Cockrell Hill Rd Dallas, TX 75211	Amount (\$) 375.00
Purpose of payment (See instructions regarding type of information required.) Students gift cards (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/26/2009	Payee name Voces Olvidadas Payee address; City; State; Zip Code 7050 N.Stemmons Frwy Dallas, TX 75247	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form	1 Total pages Schedule F: 8 of 9
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2 FILER NAME Dr Elba Garcia	3 ACCOUNT # (Ethics Commission filers)
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4 Date 06/07/2009	5 Payee name Direct Marketing 6 Payee address; City; State; Zip Code 5415 Maple Ave Suite 230 Dallas, TX 75235	7 Amount (\$) 1161.99
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8 Purpose of payment (See instructions regarding type of information required.) Mailing (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/10/2009	Payee name Ft. Worth ave Development Group Payee address; City; State; Zip Code P.O. Box 225120 Dallas, TX 75222	Amount (\$) 35.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/13/2009	Payee name Stonewall Democrats Payee address; City; State; Zip Code 2701 Reagan St Dallas, TX 75223	Amount (\$) 120.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/17/2009	Payee name LULAC council 4943 Payee address; City; State; Zip Code 2001 W.Irving Blvd Irving, TX 75061	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 9 of 9
2 FILER NAME Dr Elba Garcia		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/29/2009	5 Payee name Radiohead Productions 6 Payee address; City; State; Zip Code 1107 W. Jefferson Dallas, TX 75211	7 Amount (\$) 90.00
8 Purpose of payment (See instructions regarding type of information required.) Video (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/29/2009	Payee name Robert Cabello Payee address; City; State; Zip Code 10263 Casa View Dr. Dallas, TX 75228	Amount (\$) 125.00
Purpose of payment (See instructions regarding type of information required.) Photos (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/29/2009	Payee name Valentine Direct Payee address; City; State; Zip Code 5415 Maple Ave Suite 230 Dallas, TX 75235	Amount (\$) 265.00
Purpose of payment (See instructions regarding type of information required.) Mailing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if 'Report Type' on page 1 is marked 'Final Report' **

1 C/OH NAME

Dr Elba Garcia

2 ACCOUNT #

(Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file

*** Electronically Certified ***

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, Sec. 254.204

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, Sec. 254.204

*** Electronically Certified ***

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder