

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:

7

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Dr

FIRST

Elba

MI

NICKNAME

LAST

Garcia

SUFFIX

OFFICE USE ONLY

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS
C Change of Address

Address/PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

618 W. Jefferson

Dallas TX 75208

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

946 2277

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

Ms

FIRST

Lena

MI

NICKNAME

LAST

Liles Ainley

SUFFIX

Date Processed

Date Imaged

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

PHONE NUMBER

EXTENSION

(972)

283 1111

9. REPORT TYPE

January 15

10. PERIOD COVERED

7/1/2008

THROUGH

12/31/2008

11. ELECTION

ELECTION DATE

ELECTION TYPE

NA

12. OFFICE

OFFICE HELD (if any)

councilmember district 1

13. OFFICE SOUGHT (if known)

Not Applicable

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
C 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

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

c GENERAL

c SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

c additional pages

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)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 8440.24

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 23887.89

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 13th day

of January, 20 09, 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 EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
1 of 5

2 FILER NAME

Dr Elba Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/05/2008

5 Payee name

McShan Florist

7 Amount
(\$)

54.50

6 Payee address; City; State; Zip Code

10311 Garland Rd Dallas, TX 75218

8 Purpose of payment (See instructions regarding type of information required.)

flowers

(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

10/08/2008

Payee name

McShan Florist

Amount
(\$)

175.00

Payee address; City; State; Zip Code

10311 Garland Rd Dallas, TX 75218

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

12/04/2008

Payee name

McShan Florist

Amount
(\$)

187.00

Payee address; City; State; Zip Code

10311 Garland Rd Dallas, TX 75218

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

07/16/2008

Payee name

ASG futbol club of dallas

Amount
(\$)

50.00

Payee address; City; State; Zip Code

1420 Mccoy St Dallas, TX 75204

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
2 of 5

2 FILER NAME

Dr Elba Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/04/2008

5 Payee name

Promise House

7 Amount
(\$)

52.00

6 Payee address; City; State; Zip Code

224 W.Page Ave Dallas, TX 75208

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

09/02/2008

Payee name

League of Women Voters

Amount
(\$)

40.50

Payee address; City; State; Zip Code

2720 N. Stemmons Freeway Suite 812
Dallas, TX 75207

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

10/14/2008

Payee name

Close up foundation

Amount
(\$)

100.00

Payee address; City; State; Zip Code

44 Canal Center plaza Alexandria, VA 22314

Purpose of payment (See instructions regarding type of information required.)

student sponsorship

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/14/2008

Payee name

Mr Stan Aten North Oak Cliff Library

Amount
(\$)

100.00

Payee address; City; State; Zip Code

3165 Obannon St Dallas, TX 75224

Purpose of payment (See instructions regarding type of information required.)

Donation/plants

(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**

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1 Total pages Schedule F:
3 of 5

2 FILER NAME

Dr Elba Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/14/2008

5 Payee name

Hispanic Forum of Mesquite

7 Amount
(\$)

75.00

6 Payee address; City; State; Zip Code

PO Box 851644 mesquite, TX 75185

8 Purpose of payment (See instructions regarding type of information required.)

Donation/Graduation

(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

10/29/2008

Payee name

Bishop Dunne Catholic School

Amount
(\$)

150.00

Payee address; City; State; Zip Code

3900 Rugged Drive

Dallas, TX 75224

Purpose of payment (See instructions regarding type of information required.)

Donation/Varsity

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/29/2008

Payee name

Mr Robert Cabello

Amount
(\$)

175.00

Payee address; City; State; Zip Code

10263 Casa View Dr

Dallas, TX 75228

Purpose of payment (See instructions regarding type of information required.)

Photography

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/04/2008

Payee name

Summers mailing co

Amount
(\$)

5000.00

Payee address; City; State; Zip Code

4850 W.Ledbetter

Dallas, TX 75236

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

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F:
4 of 5

2 FILER NAME

Dr Elba Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/2008

5 Payee name

Jaycee Zaragoza Rec.Center

7 Amount
(\$)

50.00

6 Payee address; City; State; Zip Code

3114 Clymer Dallas, TX 75212

8 Purpose of payment (See instructions regarding type of information required.)

Toy 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

12/10/2008

Payee name

Genesis Womens Shelter

Amount
(\$)

50.00

Payee address; City; State; Zip Code

4411 Lemmon Ave Dallas, TX 75219

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

12/10/2008

Payee name

Lara Advertising

Amount
(\$)

2000.00

Payee address; City; State; Zip Code

17435 Energy Way Dallas, TX 75252

Purpose of payment (See instructions regarding type of information required.)

Random gunfire campaign

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/17/2008

Payee name

Viriginias Restaurant

Amount
(\$)

100.00

Payee address; City; State; Zip Code

923 S. Hampton Dallas, TX 75208

Purpose of payment (See instructions regarding type of information required.)

Food

(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

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1 Total pages Schedule F:
5 of 5

2 FILER NAME

Dr Elba Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/29/2008

5 Payee name

Ms Elsa Cantu

7 Amount (\$)

81.24

6 Payee address; City; State; Zip Code

1500 Marilla Suite 5EN

Dallas, TX 75201

8 Purpose of payment (See instructions regarding type of information required.)

Food

(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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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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