



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Daniel R. Garza 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,461.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel R. Garza, this the 31<sup>st</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Norma Trevino  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

HD / PM

Date Processed

Date Imaged

<b>1</b> ACCOUNT NUMBER: (Ethics Commission Filers)	<b>2</b> TYPE OF FILER: <input checked="" type="checkbox"/> CANDIDATE <small>if filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</small> <input type="checkbox"/> POLITICAL COMMITTEE <small>if filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</small>		
<b>3</b> NAME OF CANDIDATE (Please type or print)	TITLE (Dr., Mr., Ms., etc.)  NICKNAME	FIRST  LAST	MI  SUFFIX (Sr., Jr., III, etc.)
<b>4</b> TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE  ( 956 )	PHONE NUMBER  225-4158	EXTENSION
<b>5</b> ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  2194 E Highway 285    Falfurrias, Tx. 78355		
<b>6</b> OFFICE SOUGHT BY CANDIDATE (Please type or print)	Brooks Count Clerk		
<b>7</b> NAME OF COMMITTEE (Please type or print)			
<b>8</b> NAME OF CAMPAIGN TREASURER (Please type or print)	TITLE (Dr., Mr., Ms., etc.)  NICKNAME	FIRST  LAST	MI  SUFFIX (Sr., Jr., III, etc.)

GO TO PAGE 2

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Daniel R. Garza</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-13-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben P. Garza</b> 6 Contributor address; City; State; Zip Code <b>2194 E Hwy 285 Falfurrias, Tx. 78355</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Contract Gauger (father)</b>		10 Employer (See Instructions)	
Date <b>1-20-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ramon R. Garza</b> Contributor address; City; State; Zip Code <b>P.O. Box 812 Falfurrias, Tx. 78355</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Self-employed (Grandfather)</b>		Employer (See Instructions)	
Date <b>1-22-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alonzo Barrera</b> Contributor address; City; State; Zip Code <b>3660 E Hwy 285 Falfurrias, Tx 78355</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Self-employed ( Godfather)</b>		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)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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.		<b>1</b> Total pages this Schedule B:	
<b>2</b> FILER NAME <b>Daniel R. Garza</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			<b>\$ NONE</b>
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>7</b> Pledgor address;      City; State; Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

**LOANS**

**SCHEDULE E**

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <b>Daniel R. Garza</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>1-12-10</b>	<b>5</b> Payee name <b>Igrafxmedia</b> <small>Payee address; City; State; Zip Code</small> <b>3017S. Sugar Rd., Suite J Edinburg, Tx. 78539</b>	<b>7</b> Amount (\$) <b>\$1353.13</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>Yard Signs &amp; Postcards</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: <b>Daniel R. Garza</b> Office sought: <b>County Clerk</b> Office held:	
Date <b>1-14-10</b>	Payee name <b>Macareno Signs &amp; Graphics</b> <small>Payee address; City; State; Zip Code</small> <b>526 W. Front St. Alice, Tx. 78333</b>	Amount (\$) <b>\$548.83</b>
Purpose of payment (See instructions regarding type of information required.) <b>Corroplast signs &amp; Magnetic signs</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: <b>Daniel R. Garza</b> Office sought: <b>County Clerk</b> Office held:	
Date <b>1-14-10</b>	Payee name <b>O'Reilly</b> <small>Payee address; City; State; Zip Code</small> <b>601 S St. Marys Falfurrias, Tx. 78355</b>	Amount (\$) <b>\$14.05</b>
Purpose of payment (See instructions regarding type of information required.) <b>12 PK Ties</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: <b>Daniel R. Garza</b> Office sought: <b>County Clerk</b> Office held:	
Date <b>1-20-10</b>	Payee name <b>Macareno Signs &amp; Graphics</b> <small>Payee address; City; State; Zip Code</small> <b>526 W. Front St. Alice, Tx. 78333</b>	Amount (\$) <b>\$545.58</b>
Purpose of payment (See instructions regarding type of information required.) <b>Corroplast signs</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: <b>Daniel R. Garza</b> Office sought: <b>County Clerk</b> Office held:	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Daniel R. Garza

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <u>Igrafxmedia</u>	8 Amount (\$) <b>\$1,353.13</b>
<u>1-12-10</u>	6 Payee address; City; State; Zip Code <u>3017 S. Sugar Rd., Suite J Edinburg, Tx. 78539</u>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Political Signs &amp; Cards</b> (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <b>Daniel R. Garza</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address; City; State; Zip Code	7 Amount (\$)  <b>NONE</b>
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME  <b>Daniel R. Garza</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  ..... 6 Payee address; City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)  <b>NONE</b>
Date	Payee name  ..... Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  ..... Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  ..... Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  ..... Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME <b>Daniel R. Garza</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address;           City; State; Zip Code  <b>7</b> Reason for credit	<b>8</b> Amount (\$)  <b>NONE</b>
Date	Payor name ..... Payor address;           City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;           City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;           City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;           City; State; Zip Code  Reason for credit	Amount (\$)

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