

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

4894

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00039400	2 Total pages this report: 1/1
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Ernesto/Ernest C	OFFICE USE ONLY Date Received: JUL 16 PM 2:29 Date Hand-delivered or Date Re-marked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Garcia		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5204 Kite Tail Drive Austin TX 78730-1419		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Christopher G. NICKNAME LAST SUFFIX Fuller		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE One American Center 600 Congress Ave. #1500 Austin TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 495-6300		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year 01/01/2001 06/30/2001		
10 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Ernesto/Ernest C Garcia

15 ACCOUNT # (Ethics Commission files)
00039400

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. This listing includes political expenditures 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	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 10573.96
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
CONTRIBUTION BALANCE	6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED 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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ernest C. Garcia this 14th day of July, 2001 to certify which, witness my hand and seal of office.

Susan E. Jones
Signature

Susan E. Jones
Print Name

Notary
Title of Officer

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

Mr. Ernesto/Ernest C Garcia

2 ACCOUNT # (Ethics Commission files)

00039400

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.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are a candidate **

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, A§ 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 that 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, A§ 254.204.



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.

Signature of Officeholder

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/8
2 FILER NAME Mr. Ernesto/Ernest C Garcia		3 ACCOUNT # (Ethics Commission filers) 00039400
4 Date 03/06/2001	5 Payee name Associated Republicans of Texas 6 Payee address; City; State; Zip Code 807 Brazos, Suite 601 Austin TX 78701	7 Amount (\$) 400.00
8 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/19/2001	Payee name Friends of Todd Baxter Payee address; City; State; Zip Code Austin TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 06/20/2001	Payee name Greg Abbott Campaign Payee address; City; State; Zip Code P.O. Box 308 Austin TX 78767	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 03/08/2001	Payee name Internal Revenue Service Payee address; City; State; Zip Code Austin TX 73301-0001	Amount (\$) 2269.56
Purpose of expenditure (See instructions regarding type of information required.) 1120-POL tax for political organization		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/8
2 FILER NAME Mr. Ernesto/Ernest C Garcia		3 ACCOUNT # (Ethics Commission files) 00039400
4 Date 03/19/2001	5 Payee name Republican Party of Texas 6 Payee address; City; State; Zip Code 212 East 7th St., Suite 620 Austin TX 78701	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution		9 -- Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 06/25/2001	Payee name Rosenthal & Watson Payee address; City; State; Zip Code 1010 Land Creek Cove, Suite 200 Austin TX 78746	Amount (\$) 3925.40
Purpose of expenditure (See instructions regarding type of information required.) Refund of campaign contributions.		-- Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 06/17/2001	Payee name Marc Rosenthal Payee address; City; State; Zip Code 1010 Land Creek Cove, Suite 200 Austin TX 78746	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Refund of campaign contribution.		-- Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 06/04/2001	Payee name Loretta K. Rubenstein Payee address; City; State; Zip Code 7 W. Governor Drive Newport News VA 23602-7430	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) Return of campaign contribution.		-- Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/8
2 FILER NAME Mr. Ernesto/Ernest C. Garcia		3 ACCOUNT # (Ethics Commission filers) 00039400
4 Date 06/04/2001	5 Payee name Morris Rubenstein 6 Payee address; City; State; Zip Code 121 Pebble Creek Rd. Columbia SC 29223	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) Return of campaign contribution.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 06/22/2001	Payee name Texans for Cornyn Payee address; City; State; Zip Code P.O. Box 12883 Austin TX 78711	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 04/06/2001	Payee name Texas Aero Payee address; City; State; Zip Code 7815 Karl May Drive Waco TX 76708	Amount (\$) 529.00
Purpose of expenditure (See instructions regarding type of information required.) Payment for Aug. 2000 air fare for Sen. Gramm to attend fundraiser		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 03/06/2001	Payee name Travis County Republican Party Payee address; City; State; Zip Code 1300 W. Koenig Lane Austin TX 78756	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Reception Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/8

2 FILER NAME

Mr. Ernesto/Ernest C. Garcia

3 ACCOUNT # (Ethics Commission filers)

00039400

4 Date

02/06/2001

5 Payee name

Young Conservatives of Texas

7

Amount (\$)

100.00

6 Payee address; City; State; Zip Code

10306 Morado Cove

Austin TX 78759

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

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/8

2 FILER NAME

Mr. Ernesto/Ernest C Garcia

3 ACCOUNT # (Ethics Commission files)
00039400

4 Date

04/08/2001

5 Payor name

Friends of Phil Gramm

8

Amount

($\$$)

821.84

6 Payor address; City; State; Zip Code

P.O. Box 565087

Dallas TX 75356

7 Reason for credit

Payment for Aug. 2000 airfare travel not negotiated.