

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <i>Judge Fred</i> NICKNAME      LAST      SUFFIX <i>Garza</i>	<b>OFFICE USE ONLY</b> Date Received: <i>2010 JAN -5 PM 2:03</i> Date Hand-delivered or Date Postmarked: Receipt #      Amount Date Processed: Date Imaged:	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE <i>100 N. Clorner Edinburg, TX 78539</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(956) 318-2390</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <i>Ms Norma</i> NICKNAME      LAST      SUFFIX <i>Guerra</i>		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #      CITY      STATE      ZIP CODE <i>P.O. Box 2 Linn, TX 78563</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(956) 318-2911</i>		
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <i>7 / 01 / 09      12 / 31 / 09</i>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>03 / 02 / 10</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>Judge, Hidalgo Co Court at Law # 4</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>Same</i>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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**

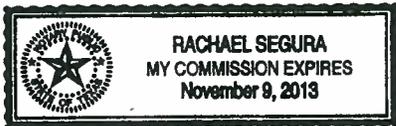
**FORM JC/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> 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. --	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4982.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,206.33
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4155.70

**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 Federico Garza, Jr, this the 5<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Rachael Segura Court Coordinator  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/25/09	Michael Tuttle 6 Contributor address; City, State; Zip Code P.O. Box 4450, Edinburg, TX 78540	250. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
9 Contributor's principal occupation attorney		10 Contributor's job title	
11 Contributor's employer/law firm Tuttle Law Firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/14/09	Terry Canales Contributor address; City, State; Zip Code 2727 W. University Dr. Edinburg, TX 78539	1000. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation attorney		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/12/09	Mauri Barreiro Contributor address; City, State; Zip Code 3603 W. Alberta Edinburg, TX 78539	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation attorney		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/26/09	Armando Martinez 6 Contributor address: City, State, Zip Code Iowa Rd Rt. 16 Box 515 Edinburg, TX 78539	1000.00	
(If travel outside of Texas, complete Schedule T)			

9 Contributor's principal occupation <i>Attorney</i>	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/15/09	Laura Colunga Contributor address: City, State, Zip Code 600 S. Closter Edinburg, TX 78539	1000.00	
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation <i>Attorney</i>	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/09	Ralando Cantu Contributor address: City, State, Zip Code 9805 N. 10th McAllen, TX 78524	1000.00	
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation <i>Attorney</i>	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9/28/09

Santos Maldonado

6 Contributor address; City, State, Zip Code

209 E. University  
Edinburg, TX 78539

1500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/30/09

Raul Gusjardo

Contributor address; City, State, Zip Code

P.O. Box 6863  
McAllen TX 78502

300.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/8/09

Hodge + James

Contributor address; City, State, Zip Code

115 E. Van Buren St 300  
Harlingen, TX 78550

250.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorneys

Contributor's job title

Contributor's employer/law firm

Hodge + James

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/13/09

Allen Russell  
6 Contributor address, City, State, Zip Code  
815 Walker, Ste 250  
Houston, TX 77002

100.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/14/09

Moises Hernandez  
Contributor address, City, State, Zip Code  
222 E. Van Buren, Ste 700  
Harlingen, TX 78550

1000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/15/09

Joe Richard Flores  
Contributor address, City, State, Zip Code  
4212 Marc Ave  
Edinburg, TX 78539

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/16/09

Dyer + Associates  
Contributor address, City, State, Zip Code  
1352 W Pecan  
McAllen, TX 78501

500.00

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

a Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/15/09

Sahadi Law  
Contributor address, City, State, Zip Code  
605 E. Violet, Ste 6  
McAllen, TX 78504

500.00

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

a Attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/09

Denton, Navarro, et  
Contributor address, City, State, Zip Code  
701 E. Harmon, Ste 100  
Harlingen, TX 78550

300.00

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/21/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carlos Macias</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <i>4715 So. Jackson Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *Army* 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Flanagan</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>809 Chicago McAllen, TX 78501</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Army* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>11/4/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jesse Hernandez</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>1939 W. Owana Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Army* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/4/09

David Higdon

6 Contributor address, City, State, Zip Code

4739 S. Jackson  
Edinburg, TX 78539

2,500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/5/09

Gale, Wilson + Sanchez

Contributor address, City, State, Zip Code

115 E. Travis, 19th Fl  
San Antonio, TX 78205

200.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Attorneys

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/5/09

Gerardo Arriaga

Contributor address, City, State, Zip Code

7417 N. 10th  
McAllen, TX 78504

1200.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/09/09

Robert Capello

6 Contributor address, City, State, Zip Code

101 N. 10th  
Edinburg, TX 78539

750.00

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

g Army

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/09/09

Orendain + Dominguez

Contributor address, City, State, Zip Code

320 S. 8th, Freystron Center  
McAllen Tx 78501

500.00

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

g Army

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/15/09

A-FAST Bail Bonds

Contributor address, City, State, Zip Code

710 E. El Cibolo  
Edinburg, TX 78541

500.00

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

bondsman

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/20/09

Jonathan Ball

6 Contributor address: City: State: Zip Code

1120 JAY  
McAllen, TX 78504

200.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/09

Elis Koeneke + Ramirez

Contributor address: City: State: Zip Code

1101 Chicago  
McAllen, TX 78501

1000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/09

Raul Garcia

Contributor address: City: State: Zip Code

1630 N. 10th, Ste 8  
McAllen, TX 78501

250.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12/10/09

Loy's Ins. Group PAC  
6 Contributor address, City, State, Zip Code  
11900 N. 26th, Ste 200  
McAllen, TX 78504

1000.00

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation  
Insurance

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
8/10/09	Miss RGU Pageant ----- 6 Payee address; City; State; Zip Code 800 W Fern Mc Allen, TX 78501	350. <sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
9/1/09	Texas Assn. of CCL Judges ----- Payee address; City; State; Zip Code 1210 San Antonio, <del>TX</del> Ste 800 Austin, TX 78701	35. <sup>00</sup>

Purpose of payment (See instructions regarding type of information required.) <i>dues</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
9/1/09	Copy Zone ----- Payee address; City; State; Zip Code 4131 N. 10th Mc Allen, TX 78504	180.17

Purpose of payment (See instructions regarding type of information required.) <i>Cards and envelopes</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
10/6/09	Copy Zone ----- Payee address; City; State; Zip Code 4131 N. 10th Mc Allen, TX 78504	51.96

Purpose of payment (See instructions regarding type of information required.) <i>Cards + envelopes</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> 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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/16/09</i>	5 Payee name <i>Concern Citizens of Hidalgo Committee</i>	7 Amount (\$) <i>1000. <u>00</u></i>
6 Payee address: City, State, Zip Code <i>P.O. Box 96 Hidalgo, TX 78557</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date <i>10/16/09</i>	Payee name <i>Leukemia Lymphoma Society</i>	Amount (\$) <i>50. <u>00</u></i>
Payee address: City, State, Zip Code <i>5411 N. McCall McAllen, TX 78504</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date <i>10/16/09</i>	Payee name <i>Linn-San Manuel Community Imp.</i>	Amount (\$) <i>250. <u>00</u></i>
Payee address: City, State, Zip Code <i>P.O. Box 345 Linn, TX 78563</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date <i>10/20/09</i>	Payee name <i>William Clinton Foundation</i>	Amount (\$) <i>500. <u>00</u></i>
Payee address: City, State, Zip Code <i>610 President Clinton Ave Little Rock, AR 72201</i>		
Purpose of payment (See instructions regarding type of information required.) <i>contribution</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/29/09</i>	5 Payee name <i>Red Mass Committee</i>	7 Amount (\$) <i>250.<sup>00</sup></i>
6 Payee address; City, State, Zip Code <i>P.O. Box 4481 Edinburg, TX 78540</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Contribution</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <i>10/29/09</i>	Payee name <i>Molinar Marketing</i>	Amount (\$) <i>357.<sup>46</sup></i>
Payee address; City, State, Zip Code <i>P.O. Box 3554 Edinburg, TX 78540</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <i>12/3/09</i>	Payee name <i>Hidalgo Co Democratic Party</i>	Amount (\$) <i>1500.<sup>00</sup></i>
Payee address; City, State, Zip Code <i>305 A. N. Shery Rd Mission, TX 78572</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Filing fee</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <i>12/10/09</i>	Payee name <i>Love Thy Neighbor Foundation</i>	Amount (\$) <i>100.<sup>00</sup></i>
Payee address; City, State, Zip Code <i>700 N. Virginda San Juan Blvd San Juan, TX 78589</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Contribution</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- 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
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2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
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4 Date <i>12/17/09</i>	5 Payee name <i>Molinar Marketing</i>	7 Amount (\$) <i>357.<sup>46</sup></i>
6 Payee address, City, State, Zip Code <i>P.O. Box 3554 Edinburg, TX 78540</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	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.)  <small>(If travel outside of Texas, complete Schedule T)</small>	-- 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>	-- 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender <i>Freud Garza, Jr</i>	<i>\$ 4155.70</i>
	5 Lender address; City; State; Zip Code <i>100 N. Closter, Edinburg, TX 78539</i>	
GUARANTOR INFORMATION	6 Name of guarantor	
<input type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

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