

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|  |   |  |                      |
|--|---|--|----------------------|
| The JC/OH Instruction Guide explains how to complete this form.  |   | 1 ACCOUNT #<br><small>(Ethics Commission Filers)</small>   | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR: Judge<br>FIRST: Fred<br>LAST: Garza<br>NICKNAME: _____ SUFFIX: _____   | <b>OFFICE USE ONLY</b><br>Date Received: _____<br>Date Hand-delivered or Postmarked: _____<br>Receipt # _____ Amount: _____<br>Date Processed: _____<br>Date Imaged: _____ |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address                       | ADDRESS / PO BOX: 100 N. Clusner<br>APT / SUITE #: _____ CITY: Edinburg, TX 78539<br>STATE: _____ ZIP CODE: _____   |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE: (956) PHONE NUMBER: 318-2390<br>EXTENSION: _____   |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: Mrs.<br>FIRST: Norma<br>LAST: Guerra<br>NICKNAME: _____ SUFFIX: _____  |  |                      |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)   | STREET ADDRESS (NO PO BOX PLEASE): P.O. Box 2, Linn, TX 78563<br>APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____  |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE: (956) PHONE NUMBER: 318-2911<br>EXTENSION: _____   |  |                      |
| 9 REPORT TYPE  | <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)<br><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) |  |                      |
| 10 PERIOD COVERED  | Month Day Year: 07 / 01 / 10 THROUGH Month Day Year: 12 / 31 / 10   |  |                      |
| 11 ELECTION  | ELECTION DATE: / /<br>Month Day Year  | ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special               |                      |
| 12 OFFICE  | OFFICE HELD (if any): Judge, Hidalgo Co. Court-st-Law # 4   | 13 OFFICE SOUGHT (if known): SAME  |                      |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><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.<br><br>Name: _____<br>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**

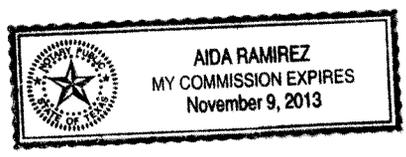
**15 C/OH NAME** \_\_\_\_\_ **16 ACCOUNT # (Ethics Commission Filers)** \_\_\_\_\_

**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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |                        |
|--------------------------------|---|------------------------|
| <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   | \$ 1195. <sup>00</sup> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 13,880.63           |
| <b>OUTSTANDING LOAN TOTALS</b> | 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.

*Federico Garza, Jr.*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FEDERICO GARZA, Jr. this the 4th day of January 20 11, to certify which, witness my hand and seal of office.

*A. Ramirez* \_\_\_\_\_ *Aida Ramirez* \_\_\_\_\_ *Notary Public* \_\_\_\_\_  
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F:                                    | <b>2</b> FILER NAME  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date<br>11-17-10   | <b>5</b> Payee name<br>LSMCIC  |  |
| <b>6</b> Amount (\$)<br>250. <sup>00</sup>                          | <b>7</b> Payee address: City: State: Zip Code<br>P.O. Box 2,<br>Linn, TX 78563           |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Advertisement | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                      Office held                           |
| Date<br>11-29-10  | Payee name<br>KMAE Booster Club  |  |
| Amount (\$)<br>100. <sup>00</sup>                                   | Payee address: City: State: Zip Code<br>McAllen High School<br>McAllen, TX 78501         |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br>Contribution             | Description (If travel outside of Texas, complete Schedule T)            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                      Office held                           |
| Date<br>11-29-10  | Payee name<br>OLS  |  |
| Amount (\$)<br>100. <sup>00</sup>                                   | Payee address: City: State: Zip Code<br>1100 Gamwood<br>McAllen, TX 78501                |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br>Contribution             | Description (If travel outside of Texas, complete Schedule T)            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                      Office held                           |
| Date<br>12-2-10   | Payee name<br>Woman 2 Woman  |  |
| Amount (\$)<br>375. <sup>00</sup>                                   | Payee address: City: State: Zip Code<br>P.O. Box 720952<br>McAllen, TX 78504             |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br>Advertisement            | Description (If travel outside of Texas, complete Schedule T)            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                      Office held                           |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule F: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>4</b> Date<br><i>12-22-10</i> | <b>5</b> Payee name<br><i>HMM Enterprises</i> |
|----------------------------------|---|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br><i>370<sup>00</sup></i> | <b>7</b> Payee address; City; State; Zip Code<br><i>P.O. Box 3554<br/>Edinburg, TX 78540</i> |
|---|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Advertisement</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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