

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ -0-

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION BALANCE

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

\$ 162,901.89

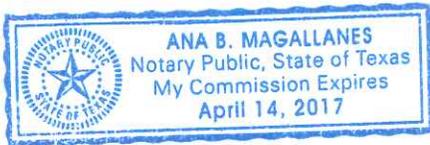
OUTSTANDING LOAN TOTALS

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 Albert Garcia, this the 24 day of Feb, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Ana B Magallanes
Printed name of officer administering oath

Asst. Court Coordinator
Title of officer administering oath

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.

3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST Albert MI NICKNAME LAST Garcia SUFFIX

OFFICE USE ONLY Date Received RECEIVED FEB 24 2014 10:21 AM E.O. Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1113 Ortega Circle Alamo, Texas 78516 change of address

5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (956) 702-7735

6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Edgar MI NICKNAME LAST Aldape SUFFIX

7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 802E. Exp. 83 Suite I Pharr, Texas 78577 (residence or business)

8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (956) 787-2270

9 REPORT TYPE January 15 [X] 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED Month Day Year 1 / 15 / 14 THROUGH Month Day Year 2 / 03 / 14

11 ELECTION ELECTION DATE Month Day Year 3 / 4 / 14 ELECTION TYPE [X] Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) Judge Hidalgo County Court No.6 13 OFFICE SOUGHT (if known) Hidalgo Co. Crt at Law No.6

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS 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 additional pages

GO TO PAGE 2

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\$

-0-

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

300.00

CONTRIBUTION BALANCE

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

\$

162,901.89

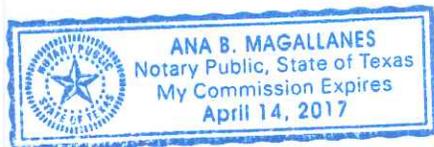
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Signature of officer administering oath

Ana B. Magallanes

Printed name of officer administering oath

Asst Court Coordinator

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Albert Garcia

3 ACCOUNT # (if applicable)

4 Date

5 Payee name

San Juanita Flores

7 Amount (\$)

12/20/13

6 Payee address, City, State, Zip Code

\$300.00

Michigan Street Alamo, Texas 78516

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

Christmas Party Decorations
(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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED