

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 MI | OFFICE USE ONLY Date Received <i>Kathy</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged | |
| | NICKNAME LAST SUFFIX | | |
| Albert | | | |
| Garcia | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE | | |
| 1113 Ortega Circle Box 3815 Alamo, Texas 78516 | <input type="checkbox"/> change of address | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| (956) 702-7735 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI | | |
| | NICKNAME LAST SUFFIX | | |
| Edgar | | | |
| Aldape | | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 802 E. Expressway 83 Suite I Pharr, Texas 78577 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| (956) 787-2270 | | | |
| 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) <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 THROUGH Month Day Year 7 / 01 / 12 12 / 31 / 12 | | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| Hidalgo Courty Crtat Law 6 | Hidalgo County Crt Law 6 Judge | | |
| 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 | | |
| <input type="checkbox"/> additional pages | | | |

GO TO PAGE 2

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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ N/A

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ N/A

EXPENDITURE TOTALS

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

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 542.86

CONTRIBUTION BALANCE

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

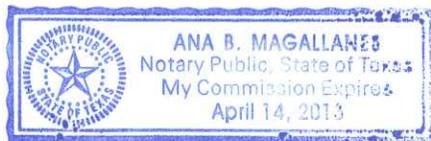
\$ 97,343.02

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert Garcia, this the 11 day of January, 20 13, to certify which, witness my hand and seal of office.

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

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.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F: 1 | | 2 FILER NAME Judge Albert Garcia | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 12/18/12 | | 5 Payee name A M M Enterprises/ Tony Molinar | | | |
| 6 Amount (\$) \$542.86 | | 7 Payee address; City; State; Zip Code Alamo, Texas 78516 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Holiday News Paper Adv. | | (b) Description (If travel outside of Texas, complete Schedule T) Political Advertisement | |
| 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 | | | |
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| 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 | | | |
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| 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 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED